When people fall prey to any addiction, their homes and families are invariably dragged into a rut. It takes a lot for the addicts and their near ones to come out of the mess around them.

Today there are many institutions that work towards the rehabilitation of drug and alcohol addicts. But, in the past, when a handful people were working in this field, a new project characterized by novel de-addiction experiments, was taking shape. This path-breaking experiment factored in the Indian social milieu while arriving at rehabilitation methods. It was a formula that presupposed the cooperation of the families of the affected patients. It placed the human being at the center of the treatment, thereby relying less on medical aid. Muktangan was the name of this pioneering experiment, which has been active in this field for the last 25 years.

This book is a story of Muktangan, narrated by its founder Anil Awachat.

The writer is a popular Marathi author, a recipient of several literary honors, including the Sahitya Akademi award.

Anil Awachat

Learning to live again

Samkaleen Prakashan

Learning to live again Anil Awachat

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Muktangan
Story of a de-addiction center

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Learning to live again

Muktangan
Story of a de-addiction center

Anil Awachat

Translated by
Sumedha Raikar- Mhatre

The shadow of happy memories lingers,
Although the bough ceases to be;

The lamp still lights up a doleful path,
Though the oil ceases to be;

My dejected mind is still soaked in a shower,
Though the rains have come and gone;

My mind is restless, but she consoles me,
She remains my strength;
she is more comforting than words
that strayed long ago

For Sunanda...

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Foreword

Quite surprisingly, I never planned to write this book. Even the casual thought of penning this book had not touched me. Usually, I do plan things in my life, for which I meet different kinds of people, I travel and read up different books. If I meet an expert, a guru, I also take lessons. But in the case of this book, I didn't mull over it in any way.

When I am in Muktangan, I do narrate its story to the children over there. If I happen to remember an anecdote about an old patient, I do narrate that story as well. But apart from these recollections, I had never felt that such stories and anecdotes could take the shape of a book. I never felt I had that much subject material inside me. I was too close to the subject – Muktangan – and hence I never saw it from the outside. It's like holding a book too close to your eyes.

Recently, I visited America for two months. My friends had scheduled my lectures and presentations at various venues in different states, mostly over the weekends. That kept me relatively free on weekdays. I started enjoying this free time. I would tell my hosts to follow their office routines without worrying about me. I told them I could really occupy time on my own. And it was in these free hours that I thought of penning down the story of Muktangan – a story meant for the future generation in the institution. I wanted to enlighten them about the making of an institution, the debilitating difficulties in the process, and of course the solutions that emerge despite the gloom. Since I had recounted the story of the formation of Muktangan for some patients, I wondered if the recalling would be very engaging. But my free time in the U.S. had a welcome effect. I began to recollect some stories that I had not shared so far. And once I wrote down some of these accounts, there was no looking back. It was a breezy journey.

I returned to India, only to proceed to Dubai within a short while. There, I suffered a bad fall. I landed on my back, fractured a vertebra and my right elbow. But by then the excitement of penning down the Muktangan story had grown. Despite the accident, I continued to write even while lying in bed. My fractured hand did hurt when I moved it. But fortunately, it did not obstruct my writing. After I returned from Dubai, I needed to rest. I rested, and I wrote.

The first response to the book came from Anand (Dr Anand Nadkarni.) It is difficult to reproduce here what Anand said. But I can share the impact of his feedback. I was a possessed soul and Anand's words of appreciation just spurred me on.

I used to courier my writings to him in installments. He often called me up in the night. Usually Anand does not indulge me with open praise. He fears that praise will spoil me or make me swollen with pride. But this time it was different. Anand has been associated with Muktangan since its inception. These patients-friends of Muktangan were in fact even better known to him. He therefore added to my anecdotes. He would update me with the present status of some friends.

So far my writing had been restricted to articles; long articles, in some cases. My book *America* was a collection of different episodes on varied subjects, written at different points in time. *Vaghyamurli* was also an anthology. But sustained writing at a stretch was a different experience altogether. Also the fear of repetition was another worry in this new venture. But I decided that I would tackle these aspects later. Why lose sleep over them now?

I wrote down everything that I remembered. I did not break down the content into chapters; neither did I jot down broad categories or points of reference. The story flowed and I followed. I just did it once and for all and then passed it on to my near ones for their perusal. I would add bits and parts as and when I recalled them. It used to be difficult to superimpose material in the earlier narrative. Often I rewrote certain portions while incorporating the newer flashes.

My book is being published by Samakaleen Prakashan for the first time. In fact Anand Awadhani had been urging me to write this for a long time, and I had dismissed the idea summarily quite a few

times. After I wrote the whole story, he naturally asked for the manuscript. I was in two minds. But my friend (also my adoptive son) Mahindra Kanitkar solved my problem. After reading it, he immediately said, "Give it to Samakaleen." Usually, a son should obey a father. But I decided to do the reverse. Following Mahindra's words, I gave the publishing rights to Samakaleen. The book brought me closer to the trio (Awadhani, Suhas Kulkarni, Shyam Deshpande) running the Samakaleen publications.

Many of my earlier books were graced by my younger brother's front-page covers. But the artist in him deserted me when he took to painting huge canvases. I therefore cautiously asked him if he would oblige for this book. Not only did he answer in the affirmative, I got to see the cover in a week's time! Once again, I was happy with his powerful strokes, his prowess as a painter. The bright red brush stroke on the cover is remarkable. Subhash is Subhash after all. I wish all my future books are lucky enough to have such catchy covers done by him.

While donating to Muktangan, respected Marathi litterateur P L Deshpande (henceforth referred to as PL) had said, "Even if one home is freed from the specter of drugs, even if I can light the lamp of de-addiction in one home, I will feel that my donation was utilized well." PL was like a father figure to me. I would like to add to his statement and say: Even if one drug addict finds a glimmer of hope and a prospect of recovery from reading my book, I will consider the effort worthwhile. Even if one grassroots volunteer (from any field or activity) or a struggling friend feels that it is possible to tackle the mounting odds in the field of socially relevant work, my book is worth it. If the book underlines the immense satisfaction one gets from fighting against adverse forces, my book is worth it. After reading this book, even if one wife feels like forgetting a bitter past with her drug addict husband and starting life afresh, I have achieved enough. Even if one child of a drug addict father gets to see a beautiful dawn after reading this book, my book is worth the effort. What more anyway can one aspire for?

- Anil Awachat

One fine afternoon in the year 1985

I don't know where I am going to begin. I am here to write on Muktangan. I face a wide canvas of around 25 years. How and what should I accommodate in my story? I have another problem. I have gotten forgetful over the years. I don't remember what happened in the very recent past. And here I have set out to recount something that happened many years ago. Had I met someone who had witnessed these developments, I would have immediately handed over this task to that person. But I don't know anyone like that. I also feel that Muktangan is certainly worth taking note of at this juncture. It has survived for many years. The death rate of such institutions is indeed appalling in the social sector.

But how do I write? I am part of Muktangan. So I write about myself. That's difficult. But I have to do it, because these experiences can help and guide others, not necessarily those running de-addiction centers but any social or educational institution. Most of these institutions go through similar travails and tribulations – the same labor pains, the same drudgery, and the same trials.

I have often told the Muktangan story to my patients and friends in the institution. I have recounted it in my public lectures. One is therefore bored at having to repeat the same story over and over again. But yet I need to do just that. And in fact I can write it down in greater detail and at leisure.

It is an afternoon in the year 1985. The bell rings. Sunanda's friend from Thane, Alka, along with her young son, stands at the doorstep. What? Alka? Why is Alka looking so sad? What's happened to her? Didn't she always look so youthful, smiling and enthusiastic, despite having a grown-up son? Even Dhanu, who always smiles in recognition, looked so different today. Why is he

standing morose with his head hanging down? Sunanda is standing behind me. Alka just instantly hugs her. Sunanda takes her inside. I do not understand anything. Dhanu sits in front of me. I could have asked him about the situation. But I didn't. It was Sunanda's prerogative. I did not want to interfere. I never interfered in the case histories of patients visiting her -- usually people with psychiatric problems. Even if these patients were known to me, I did not ask any questions.

After a little while, Dhanu and Alka left. Sunanda turned to me and said, "Brown sugar!"

"Oh my God! Dhanu? "How did he get into it?"

"At Kolhapur. The Engineering college! Dhanu was enrolled there." Dhanu often wrote letters to his parents asking for money to buy engineering instruments. The parents continued to provide. But one day, the college authorities sent them a letter about Dhanu's poor class attendance, due to which he was barred from appearing in the exams. Alka rushed to Kolhapur and got to learn about the real story.

Alka had another fear. Her husband Mahesh was short-tempered. How would she tell him about Dhanu? He would surely beat up the boy. So Sunanda spoke at great length with Mahesh. She had a good rapport with him. She succeeded in persuading him not to scold Dhanu. "Let's all help him to come out of this," she said, or something to that effect. Mahesh calmed down.

We visited their house that evening. Dhanu was made to sleep in the bedroom. Sunanda started a course of tablets for him. She insisted that Dhanu should not be allowed to go out of the house, as that would mean his going back to drugs. Alka and Mahesh decided to take turns to sit in the room watching over Dhanu. We returned home.

Alka called up at the crack of dawn. Just as Mahesh had dozed off, Dhanu sneaked out. "He jumped out of the window. Mercifully, we stay on the first floor."

Dhanu went to his usual hangout. He was anyway neck deep in debt and his suppliers beat him up severely. His clothes were soaked

in blood. He ran from there and went home. How shocking it must have been for the parents to see him standing at the door! We visited them again. Sunanda dressed his wounds, with my help. Dhanu's treatment started aftresh.

We had watched Dhanu grow since childhood. Sunanda had given Alka injections during her pregnancy. Dhanu was a cute, fair child. I recall him riding around the whole house on a tricycle. I recall playing with him, taking his photos. And this child was now victim of a life-threatening addiction. I had always thought that the children of the rich were afflicted by such addictions. I had heard that actor Sunil Dutt's son was a drug addict; also an industrialist's son. But now the problem had reached our doorstep.

Dhanu suffered a great deal for the first two days. Even in his confused and delirious state, he would go through the action of filling drugs in cigarettes. He made peculiar noises – phu phu.. fu.. fu... as if he was lighting a cigarette with the matchstick. Then he would try to catch the imaginary smoke. Severe back pain made him shout. All this continued for a while. Gradually it eased and, after about three days he started looking his normal self. One could see some life in his eyes. Alka and Mahesh were relieved. But Dhanu's friends started coming home to ask where he was. Alka and Mahesh had never met these friends. Sunanda told them not to allow anyone to meet him. "Tell them he has gone to the village," she maintained. Soon the friends stopped coming.

But Dhanu felt suffocated and caged at home. So Sunanda suggested that I take him out for a stroll, as a change in his environment. "With you around, his `friends' will not come near him." I started taking him for a walk near the university ground.

I was debating to myself: Should I talk to him about drugs? Soon we did talk about them and Dhanu opened up. I did not know much about drugs. I had read a few newspaper articles about them, but had no information on the types of drugs, etc. But here I was facing a drug-affected youth. In the past few days, I had witnessed how difficult it was to be a slave to drugs. I recalled that afternoon when a hollow-faced Dhanu had stood in front of me. How horrible his face was. Black lips, dark circled eyes, cheeks sunk in. Even though he

had now bid goodbye to drugs, he was not the same person.

Dhanu was part of a group of backbenchers at the Fergusson College. He would jump out of the class window to go and get the 'stuff,' which was available in the Camp area. He carried small packets to the college and would tip off his friends about getting together for a session. Interestingly, do you know where they met? Exactly below the hostel room that the great freedom fighter Swantantryaveer V D Savarkar once occupied! What a grotesque coincidence! An inspiring visionary leader whose mere presence changed the lives of many! And these youngsters used drugs in the premises that he had graced.

We collected the names of all students in Dhanu's group. Most of them hailed from well-placed rich families living in the Deccan Gymkhana area. We did not want the parents of these students to suffer in the way Alka and Mahesh had. So Sunanda called them up and told them about their kids. "We have come to know about this fact. You could also inquire into the situation and confirm it. In case you need help, we are eager to provide it." To this earnest request came an unexpected response: "Our child has no such addiction. Do not unnecessarily malign our family name."

A few years later, these very parents brought their children to Muktangan. Their tone and tenor had changed by then -- arrogance had been replaced with utter helplessness. Couldn't they have realized the danger earlier? Could they not have saved a few years? Something could have been done sooner. But that was a glimpse of high class culture!

As Dhanu spoke, a whole new world of drugs unfolded in front of me. Who bought the drug pouches? Mostly poor people, kids from the slums, impoverished kids who dug into refuse heaps and sold scrap, small time workers doing menial jobs, rickshaw drivers, laborers – many such people who did not belong to film star Sanjay Dutt's 'star' category. The tiny inch-long drug sachets weren't very costly. Just Rs 20 per pouch. One person needed over five such packets a day. An addict who has been on drugs for four to five months requires that high a dose. That means a daily expenditure of Rs 100. (And these figures relate to the eighties!!) An addict has to

pump in a quantum at regular intervals. If he doesn't, the effect wears off and the person starts suffering. You can run away from anything in the world, but how to run away from drugs. The person becomes uncomfortable and if he doesn't take the dose, the suffering grows. Unimaginable immense suffering -- it can even lead to death. I realized that such a costly addiction -- an expensive proposition – could be found in the lowest echelons. What an irony! I felt writing about this phenomenon was a challenge. I decided to take in on.

Let me finish with the Dhanu chapter. When I was taking a walk with him near the university ground, I asked him how he had become addicted. He said, "You know that my dad drinks every evening at home, of course in moderation. Once I asked mom about what dad drank every day. She said, 'It is a drink.' After many years, I realized the 'drink' was alcohol. I asked mom: 'Why every day?' Mom said dad has many tensions in the office. He deals with them by drinking."

Dhanu further recalled, "When I was in the tenth standard, I had my share of tensions. I felt like relieving myself of my tensions by drinking. But why liquor? Why not try cigarettes? I thought my folks at home would not come to know about cigarettes. That's how it started – first I smoked cigarettes, which gave way to charas (cannabis resin) /hashish-filled cigarettes, and finally, brown sugar."

In my public speeches, I often talk about the concept of social drinking. Even if you are consuming good quality alcohol at home, and in moderation, do you know how your children perceive this? Do you have any control over their perceptions? You have to decide whether you want the alcohol culture to enter your homes.

I recall a friend here who once came to me, disturbed and serious. He said, "Do you know what our brat did today? He smoked a cigarette. His majesty is just in the eighth standard."

I was taken aback. This friend was a chain smoker. (I called him the ever-lit 'Agnihotri' fire man?) I told him, "My dear pal, if you want him to give up the cigarette, you will have to do so yourself. Are you ready?"

He said: "That's impossible."

"How then will you be able to convince your son?"

"I have told him that I didn't smoke when I was in the eighth standard. I started smoking after I got a job."

I was amused by my friend's logic. "Pal, how will he believe you? Ever since his childhood, he has seen you smoking, right? So how he can he be convinced that cigarettes are bad?"

That kid was my favorite too. I took him to Simhagad and got him to talk about the smoking habit. He never ever smoked thereafter. Now I come back to Dhanu's unfinished story.

When Muktangan started, Dhanu became Sunanda's aide. His family shifted to Mumbai due to his father's transfer. He did 'slip' and go back to drugs during his Mumbai stay. But after each relapse, he was admitted to Muktangan. Later he was completely freed. Like in the case of most patients who are felicitated after one year of drug-free life, Dhanu too was called on to share his experiences. He revisited a key instance: "Daddy and I usually clashed over many issues. I used to smoke after each argument. Later, I took recourse to drugs. On one such occasion, Daddy shouted at me and asked me to get out. I went out and sat on the stairway. I could see two ways out of the mess I was in. One was to take to drugs; the second was to reconcile with my father. He was not going to change and I had to change. I went back home and apologized. He was surprised. Friends, I had never used that word 'sorry' for him before. Surprisingly, Daddy extended his hands and embraced me. Both of us cried a lot that day. I was a changed guy after that. I changed and Daddy did too."

All of us clapped spontaneously. Which book gave him this wisdom? Sitting on the stairs, how did he choose the right path on that day? Surprising, isn't it?

Now another amusing nugget about Dhanu's recovery! After he came out of the drug trap, his father told us, "Thanks to Maharaj, Dhanu is out of danger." His father was a devotee of a maharaj (godman) and had hung a big photo of the maharaj on the wall of his house. I was really amazed. Wasn't Dhanu fine because of Sunanda's efforts and the tireless work of many in Muktangan? Were they not instrumental in Dhanu's recuperation? But there was

no point arguing with Dhanu's father. He would have immediately retorted: "Dhanu came to Muktangan thanks to that saintly man's blessings. He gave you people the energy and the will to cure Dhanu."

When I told Dhanu about his father's reasoning, he smiled and said, "Tell Dad that I smoked hashish right below his godman's photo in the bedroom." I didn't tell Mahesh this. If he feels good about the godman's influence, why not let it be?

We had similar experiences with other patients at Muktangan. People used to attribute a patient's recovery to a vow fulfilled, or to God's blessings. Some said, "Oh now that my wish is fulfilled, I must arrange for a grand pooja (a thanksgiving ceremony). Sunanda had one smiling response for such people: "Yes please go ahead with the pooja, but continue to follow the dietary and other medical instructions."

Dhanu's episode galvanized me and the urge to write about it turned into an obsession. I came to know that Dr Anand Nadkarni did similar drug de-addiction work in Mumbai. That made life easier for me. I visited the doctor's home in Thane and began asking him questions, left, right and center. He responded very positively and became my tutor. Later, I stayed with him in his room in the KEM hospital at Parel. Those were very beautiful upbeat and cheery days that gave me insights, and of course sensitized me to a lot of pain. The cheer came from Anand, a friend brimming with a zest for life. My college life was over long ago, almost 15 years earlier. But I encountered youth all over again. Anand's hostel was a small cozy world which could barely accommodate two beds. I therefore slept on the floor on a sort of mattress.

Anand's partner was Mahesh Gosavi who had dared to take on then Chief Minister Shivajirao Nilangekar. Mahesh had moved the court against Nilangekar's daughter's illegal admission. Naturally, he was at the receiving end of many threats and much intimidation. But he remained unshaken, rock solid. In fact the Chief Minister had to resign over the issue. I witnessed the entire episode from close quarters. Anand's KEM room was like a pivotal point of that agitation. Each day brought with it new developments, new

decisions, and newer trepidation.

I used to accompany Anand to the psychiatry department, a building built in stone. It was much cleaner and more efficient than Pune's Sassoon Hospital. Anand's group therapy meetings involved around 40 people. Each one shared heart-wrenching stories with others within the group. Anand was accessible, a pal for them, an equal they could openly talk to. His M.D. Psychiatry degree never came in the way. He was a hero for those young people who were trying to break out of the spell of drugs. The Psychiatry department had allotted around seven beds for drug de-addiction. The work was exciting because it entailed newer, unheard of problems and breakthroughs.

We used to visit the patients' homes. That introduced me to a different kind of Mumbai. I went to homes that had been at one time destroyed by the drug menace. Though now on the road to recovery, the people in these homes still lived with uncertainty and worry. What will happen to our child? Their worries were writ large on their faces. That made me privy to different aspects of family relationships. One drug addict lived with his mother, elder brother and his wife. The boy stole cash and made excuses to borrow money from many people to buy drugs. He was thrown out of his house after his elder brother could no longer tolerate such behavior. As he left the house, the boy sat on a bench in a nearby public garden. His mother followed and declared that she would accompany him wherever he went. Soon the elder brother came to the park and brought all of them back home. This story brought tears to my eyes. It was an eye-opener for me. I admired the mother who packed up her belongings and decided to follow her son. The behavior of the elder brother who brought them back was also exemplary. When I narrated this story abroad in front of the people working with drug addicts, they found it rather incredible.

In yet another instance, a drug addict banged his mother's head on the wall several times when she refused to give him money for drugs. She became blind after this incident. The boy gave up drugs later in life. He now looks after his blind mother. Some losses can be compensated for, some are irreparable. A life is to be lived with such

ups and downs.

I started attending meetings of Alcoholics Anonymous in Mumbai, and later in Pune. The meetings were conducted in an unusual way. The addict would say: "I (only his initials, without disclosing the name) am an alcoholic." The others would reply with "Hi.." again repeating only his initials. I found it somewhat awkward. Some addicts were very articulate, while others repeated certain details in their stories. And yet I liked all of them. I did not particularly appreciate their anonymity. AA, which has its origin in America, stressed anonymity as a value. But in India, most things are open and known.

I appreciated their 12 steps towards de-addiction. These steps were formulated from valid field experience and the delineation of these stages helped in the process of liberation from alcohol. The first step was to accept the addiction. And the last one was to help another addict stay away from alcohol. That was a crucial step. How could a person whose de-addiction was not complete help another addict?

I think that's why the rich experiences of these addicts makes for a huge insightful book. These people have their own prayers, with special inspiring adages hung on the wall during the meetings. The best thing about AA is that it is an organization for alcohol addicts, run by people who have been de-addicted. There is no expert doctor in this organization, nor any well-known celebrity. AA's meetings are deliberately scheduled in the evenings because that's the conventional booze time. The idea is to attend a meeting and share experiences, voluntarily, thereby avoiding a possible evening booze session.

The AA has many counterparts: Narcotics Anonymous for those who are into drug addiction; Obesity Anonymous for obese people who wish to stay away from overeating; and the Gambling/Gamblers' Anonymous for those trapped in gambling.

Anand introduced me to this world. Anand is a guru to me and Sunanda in this respect. He also became a good friend of mine. He was a playwright, a presenter of many musical evenings, a writer and an essayist as well. Thankfully, his creativity matched his

energy and enthusiasm, unlike some others who cannot cope with the pressures of the world.

Anand's contribution in Muktangan's founding was immense. Later, when Sunanda was diagnosed with cancer, Anand devoted two or three days in a month to Muktangan, just to relieve her of some responsibilities. Despite his busy schedule, he kept his dates with Muktangan, and that continues to this day. When he started coming regularly, he addressed Sunanda as "Aai" (Mother) and also treated her as such. That automatically made me his father.

We eagerly await his arrival. With him comes a whiff of new ideas and initiatives. He takes the train from Mumbai and goes directly to Muktangan. He has a group program or meeting with all the patients, followed by individual appointments, and then the well-attended staff meeting in the afternoon. By the time he finishes, it is already 4 p.m. I usually ask him to lie down and relax for a while. But he asks me to chat and I am always ready. Sometimes, people in mental distress come to visit him at our place. He reaches out beautifully and naturally to such complex people who are not easy to talk to. Anand does many things with ease, and that's why I call him the Superman. After he returns to Mumbai on the Deccan Queen, he calls up to say, "Hey Babya, I have just started writing a play. I wrote the first act in the train!"

There are some special places and times when Anand meets me. He does not allow any invasion of that space. We go out in the night for dinner and then we talk our hearts out. The next morning I drop him off at the station to board the Deccan Queen. We have our special 15 minutes during the drive.

I still recall our night walks to Thackers Club, when I stayed with him in his KEM hostel room. We would walk in the Chowpatty area. There was a delicious ice-cream made by a Parsi establishment in Charni Road. While eating that ice cream -- seated on the steps of the railway bridge -- he used to tell me about his life and his dreams.

After I started studying the world of drugs, my patients surely have benefited. But my gain is Anand's company. I found a son, a father and a true friend – all in one. We have stayed with each other in good and bad times. Our families too just blended into each other.

I returned to Pune after staying with Anand for a year. My psychiatrist friends provided me with addresses of some addicts. One addict's mother was a maidservant. I met many types of people. I met the police as well. Then I started writing on these people in a series of articles. Journalist Dinkar Gangal, who worked with Maharashtra Times, enthusiastically accepted the series and ran one article a day. They were around 11 pieces. I added some more insights and converted it into a book named Gard (Powder in Urdu).

These articles created a sensation in those days. Many addicts, who consumed brown sugar and who later came to us for treatment, told me how much they appreciated the series. "We were addicted, but we waited for Maharashtra Times. We read all the pieces and liked them; it seemed as if they were referring to our lives."

Middle-aged and older parents started coming to meet me after reading my articles. Some said: "The symptoms that you have defined in these articles are just like the ones my son has." After meeting the son, I would recognize the problem immediately. And then Sunanda would refer the boy to the psychiatry department of the Sassoon Hospital. We started referring two to three addicts almost every day. But the Sassoon doctors called Sunanda to say: "Please stop. Such patients are a big problem here. We are unable to manage them. We can't deal with these referrals."

One day a young boy came from Belgaum. "I have refrained from drugs for the last four days. Tomorrow is my interview. If I get this job, all my problems will be solved..."

I said, "Fine, but what can I do for you?"

He said, "I want just one packet of drugs. I will keep it in my pocket. I will not consume it. Even if it is just with me, I will feel better. Help me get that packet."

I was shocked. I had heard that people felt reassured by keeping holy offerings and vibhuti (ash) with them. "So you want me to get a packet of drugs for you? What kind of a demand is that? We should in fact be helping you to get out of this problem."

"You see, I don't know any drug peddlers over here. I know the ones in Belgaum. That's why I have come to you. You have written

in the newspaper series that you know people in this field, also policemen. Why don't you ask them to give one small packet from the stuff they have confiscated from peddlers?"

I was really annoyed. But I controlled my emotions and told him, "If you want to get out of this problem, I am with you. Or else you just get out of here."

The boy started to plead and then left. Sunanda and I did not know how to react. Within a few minutes, a fair 60-plus balding gentleman came to us. We asked him to be seated. "I am so-and-so (a well-known rich person from Belgaum). The boy who came to you some time back is my son. Please give him that packet he is asking for," the father begged and pleaded with folded hands.

That was our day for a series of shocks. Sunanda wrote down the entire prescription advised for someone dealing with the pain of de-addiction. We bid goodbye to the boy's father. Later the same boy came to Muktangan as a patient. We later found out that the boy had not come to Mumbai for an interview. He had come to me because he was not getting his dose of drugs. He was suffering.

We often came in contact with his family. They were very rich, but lacking in culture. There was no dialogue between the family members --each member was facing a different direction. It was an opportunity to observe the insides of a rather dysfunctional family. On one hand, we found immense affluence and assets in that house. A huge bungalow, cars and riches! But the riches pointed to a vacuous life. I learnt a lesson from that experience, that money cannot buy everything. Money cannot ensure inner peace. Peace grows only with self less love and family bonds. Fulfillment comes when family members set aside their personal interests and devote time for others. I recall several mothers who slog endlessly for their families. They are the foundations of many happy homes. We know this to be a fact and yet we see people chasing money. People drag their kin into property disputes and spend their lives in litigation. Strange!

Sometime later we received a phone call from Sunitabai Deshpande . The iconic PL also spoke to us. They were disturbed by my writings. They called us to their home. We immediately went

there as it was very close to ours. We began to frequent their place. They often told us -- in a manner that we reserve for our loved ones -- to do certain chores for them. We were like their children. I used to be called by PL for some special work every year. That was to brief him about the needs of people and institutions that I thought did good work. PL would listen to me attentively. After getting details from me, he gave grants to the deserving people. His trust funded many socially vital small scale initiatives. I often called people to his house for the actual disbursement of the donation.

One day PL said, "You do something for these addicted youth. I have decided to donate rupees one lakh for this work. But don't worry about the corpus. We will provide more when you need extra." So far PL and his wife Sunitabai had helped people with stable existing projects. But our work had yet to start. And yet one lakh for that? Wow, a big sum which could take care of lots of things. My mind started thinking of all the things I could utilize the money for – publicity brochures, handbills, a photo slide show, a documentary with the additional funding.

Sunanda reacted to the donation with, "Let's start a de-addiction center." I was startled. I thought that would entail a lot of work and needed planning. I felt certain trepidation. But PL and Sunitabai supported her idea. While coming home, I told Sunanda, "Why did you suggest that? Will we be able to manage such a center?"

"Of course we will."

"But we have not seen even one such center. We are not trained to run it scientifically," I retorted.

Sunanda was a psychiatrist. She had dealt with mental hospital cases – people who had turned mad because of their addiction to charas and ganja... or people suffering from alcoholic psychosis. But they were mental patients. For the de-addiction center, a different set of skills was needed. How did one deal with addicts, who are otherwise mentally normal?

But Sunanda's response to my queries was enlightening. Her answer introduced me to a different aspect of Sunanda. She said, "What's so difficult about it? At least we will have a place to house these addicts. Later we will learn from the patients themselves."

Sunanda was in the learner's seat, with no ego hassles about her degree and knowledge of psychiatry. The "know-it-all" attitude, usually seen in highly-qualified people, never remotely touched her. She was ready to learn from the patients – people who were victims of hashish and brown sugar.

Sunanda did learn from them gradually. She used to ask patients what they felt was needed in their road to recovery. Patients were her starting point. Naturally, her patients connected with her instantly. Muktangan still appreciates her guiding principle of learning from patients. We continue with that maxim even after meeting thousands of patients. Such was our Sunanda!

As I said earlier, Sunitabai and PL strongly supported the idea of a de-addiction center. Sunanda was at that time working in the mental hospital as a senior psychiatrist. Her superior, Dr Iqbal, had taken six months' leave for the Haj pilgrimage. She was officiating as superintendent in his absence. She had earlier been often asked to occupy that post, but she had refused because she was not very much interested in administrative matters.

In the recent past, two major buildings had come up in the campus of the mental hospital. Most offices had shifted to one of the new buildings. But the other stood vacant, with just a few patients on the ground floor. Sunanda moved those patients elsewhere and requested the government to permit her to utilize the building for her new center. Her efforts were directed at running the center in the mental hospital, and under its aegis. The government was in a financial crisis and therefore operating on a zero budget. That meant the government could only allow for running expenditure, but not sanction new schemes and projects. The infamous 'zero budget' concept is in fact an instrument in the hands of those in power in Mantralaya, the state headquarters. It is a tool to stop and curb new efforts – a dead end. Naturally, our center faced problems in this zero budget era.

However, names like PL and the efforts of Sunanda's colleague Dr Sambhaji Jadhav (who went to Mumbai often for this work) made a dent in the system. Sambhaji was a very straightforward, quiet and affable doctor. Though most others gave up, he stood

behind Sunanda as solid support. Like Sunanda, he too is not with us today.

The government later approved Sunanda's project, but conditionally. They allowed the use of space, but asked her to make provision for the staff. She was asked to pay their salaries. And it was clarified that the staff could not later claim to be in government service.

A new issue emerged. To which institution should PL's donation go? There was no body to receive the donation. Who would manage the corpus? The PL Deshpande Pratishthan was an institution that donated money to the deserving. But it did not run the affairs of any other institution. In fact it merely scrutinized the work of different people at the time of giving a donation. They never interfered. In fact that was a self-imposed limit on their role – a well-wisher who was not an insider.

But since they were emotionally attached to the cause in our case, Sunitabai said, "You start with the process of forming the body. Meanwhile, we will pay your new appointees and also take care of the other expenses."

I was taken aback. They were ready to take on our work. That meant more work and hassles for them. But they accepted that work and continued to help for years, even after Muktangan's staff strength increased. The PL Deshpande Foundation gave the salary cheques every month. Sunitabai filled the cheques with the respective figures and names of the employees. The cheques were duly signed by both husband and wife.

Sunanda got the new building for our center cleaned. I prepared the bold yellow-colored aluminum lettering for the Muktangan name board and got it installed. The drainage lines and toilets had to be cleaned. Electricians replaced the damaged wiring. The new building was whitewashed at breakneck speed because the staff bonded well with Sunanda. Workers splashed paint wherever and whenever they could. The flooring was so dirty that its original color became visible only after a strong acid was used on it.

Sunanda specifically chose her favorite nurses for the new center. These helpers quickly arranged medical supplies in one room

and prepared another room for physical examinations. The hospital painter put a special nameplate on Sunanda's office. Most other doctors and the hospital authorities had found the staff to be no to so co-operative. But these same people worked hard and earnestly for Sunanda.

Sunanda had worked for 15 years in the Yerawada Mental Hospital, which meant she had not only the clinical experience to deal with patients, but also the knack for handling administrative responsibilities. She made elaborate preparations for the new center. Accounting for the smallest expenditure, she put things in order – patients' admission register, case papers, register for medical stocks, a daily diary listing tablets given to patients, the dead stock register of upholstery and furniture borrowed from the mental hospital. Usually one perceives government machinery as being disorganized. But Sunanda's painstaking work made me realize the method in the madness. The administration accounted for the minutest items like tablets and pillow covers. The system has its share of defaulters and inefficient bunglers. But I developed respect for it in general.

We used to meet PL almost every day during that period. One discussion revolved around choosing an apt name for the center. Sunitabai said, "If you don't have any specific name, then we can stick to `Muktangan.' At the time of giving donation to a new venture, we have often suggested this name. It is Bhai's (PL) favorite name." We approved of it immediately. PL added that we should call it the Muktangan Vyasanmukti Kendra, underling the emancipation from drugs, a center working towards a drug-free life. All of us admired and finalized this.

We realized that Muktangan (Mukta: Liberated; Angan: Courtyard/Space) was also the name of a school in Pune. Soon we came to know that there were other small institutions, old age homes, hostels for the underprivileged castes, libraries and research institutes with the same name. It was a preferred choice because it denotes free space and a happy existence. I recall an interesting anecdote that happened after our Muktangan started. A friend of mine, a senior police officer, was transferred to Pune. After meeting

me, he expressed a desire to visit Muktangan. I fixed a formal program and a date for his visit. As I was explaining the address, he smiled and said, "We police officers know the city's roads very well. I will be there." On the day of the program, we stood waiting for him. I thought the delay was because of some emergency that police officers face. But he called up to say he had reached the Muktangan school at Sahakar Nagar. That Muktangan was in the diametrically opposite direction!

Our Muktangan started well. From its inception, we have had a waiting list, sometimes people waitlisted for four months. Interestingly, my friends and acquaintances often call me at the behest of those seeking immediate school admissions. A classmate once called up.

"Hey, that Muktangan is yours right?"

"Yes, yes, why?"

"My sister's son wants..."

"What is he addicted to? Drugs or alcohol?"

My friend was shaken. "No, the child is just five years old. He wants admission to the first standard."

I can recall many such interesting instances when people were mistaken about Muktangan. Couriered parcels sent to us often landed at the wrong Muktangan. We received postal correspondence addressed to other institutes. Such mishaps have of course decreased in number. I don't recall any bungling of late. But I still get phone calls when the Muktangan School's sports activities (either a victory of the kabbadi team or a defeat in some tournament) are reported in the sports sections of newspapers. When we later came in contact with Delhi's bureaucracy, the name Muktangan was pronounced with a peculiar Hindi accent!

After major groundwork and preparation, the day for Muktangan's inauguration arrived: August 29, 1986. Noted doctor Dr H V Sardesai was invited to inaugurate the center. Thanks to PL's name and his phone calls, everybody gladly accepted our invitations. Renowned social worker Baba Amte was in Pune on that day. He came on his own. We were lucky to get a prized guest so

easily, someone whom we couldn't have otherwise reached despite major efforts.

Amid all these developments, I was unsure from within. I had too many questions in my mind. I thought who will come to this de-addiction center? Why should an addict approach us? How many addicts will show a readiness to leave drugs? I had seen a similar initiative in Anand's psychiatry ward. But that was part of Mumbai's huge and venerable KEM hospital. And there were mere seven or eight beds provided for this work in the psychiatry ward. Later I came to know of a similar effort in the J.J. Hospital and also the Thane mental hospital where the center was inaugurated by actor Sunil Dutt. But both the centers closed down after some time. It was said that the ward boys in the JJ hospital stealthily provided alcohol to patients who had been admitted for de-addiction. The alcohol was camouflaged as coconut water and patients merrily sipped the 'drink' from a straw tucked into the coconut -- in the presence of the doctor. The Thane mental hospital was also known for such shady goings on. The news about these centers was therefore not very heartening. The institutions in the field of de-addiction had a very high death rate. A successful model was not in sight. The reason for closure was common – patients were getting drugs and alcohol from the backdoor in these very institutes. The centers that closed down were part of bigger hospital set-ups. Who would stand guarantee for the behavior of the staff of such centers? The staff was itself addicted to alcohol and many of them were ready to do anything to get it.

The story at Pune's mental hospital was not much different. The staffers were very much part of the larger corrupt system. How will we run this center? Will it have staying power? Since the "all or none" law applies to such initiatives, even a single insincere person can ruin the entire set-up. Such institutes either run very well or close down very soon. There is no middle stage. I was fearful of the prospect of closure.

I felt Sunanda had taken on more than she could manage. I was merely her loyal assistant. Although my writings had been instrumental in the formation of the center, the whole project was her baby.

In the past I had written on various issues. But I was not emotionally involved with them. In fact I drew flak because of the distance I kept from the subject of my writings. I defended myself by telling the critics that personal involvement was not in my disposition. But the Muktangan chapter was different. I was in it, emotionally, even after the writing process was over, because of Sunanda. In the past, I have worked with Yuvak Kranti Dal (an organization for youth), Baba Adhav's Mahatma Phule Pratishthan and other similar non-governmental bodies. But in all these groups, I was one among the many. I have participated in many agitations, even embracing imprisonment, but rather dispassionately. Also I had not devoted myself to any specific cause. I did not have the aptitude for persistent sustained hard work and disciplined sittings. In Muktangan, I had to accept responsibilities and naturally I couldn't escape because of Sunanda's role. I had thought that Sunanda would need me initially and I could relieve myself after the project took off. On one of her birthdays, I went to Sinhagad with Sunanda and declared that I would dedicate the next two years of my life for Muktangan. It was my birthday present and I assured her that I would not take up any demanding assignment during those two years. My promise to be available for two years got over, after which another 25 years have passed. I have not yet been able to come out of it.

On the day of Muktangan's inauguration, the Sakaal Marathi daily published my article which gave contact details of the new de-addiction center. It also had a photo of the new building. I was not expecting too many people for the inauguration which was taking place at a far-off venue, away from the city. But I was pleasantly surprised to see a packed recreation hall in our mental hospital. Baba Amte, lying on his cot, was facing the stage with attentive eyes. He was listening carefully. Anand had arranged the entire inaugural event beautifully. I don't remember who said what; but I recall that Sunanda was articulate and succinct. She never spoke on public occasions. She had delegated that responsibility to me. She renounced the stage after Muktangan took proper shape. She would push me on to the stage for the formal address on Muktangan's birth

anniversary every year as also on the International Day against Drug Abuse and Illicit Trafficking (June 26). Seated on the stage, I could see her amid patients and their kin. But on that first day, she spoke really well. She wore a short khadi kurta, salwar and jacket. But I am not sure of that frame. I am really intrigued that I cannot recall that memory, whereas I remember many other earlier incidents. What an odd lapse of memory? PL's friend Nanda Naralkar complimented Sunanda. I clearly remember him telling PL: "How nicely that girl spoke! What confidence!!"

I recall another instance that occurred outside the inaugural hall. The hall is quite a way inside the hospital campus. I went to the main gate after a lady inquired about the event. I saw five school teachers assembled at the gate. These women had read my article in Sakaal. They were accompanied by a shabbily dressed school peon with an unkempt beard. They told me he was an alcoholic and they wanted him to be admitted with immediate effect. One of them said, "He is addicted to liquor. We have come here to admit him." The peon just stood silent with his head hanging in embarrassment. When he had come to the school that morning, the teachers had told him about our new center. He did not want to get admitted. He said he had to inform his family. But the teachers insisted and said that they would do that for him. The peon's name was Mahadev Ghare. After the inauguration, Sunanda immediately admitted Mahadev, her first patient. She always said in jest, "He is my 'auspicious' patient, my first one, a blessing from the almighty, someone who not only recovered but also set an example for others." Mahadev indeed was an exemplary patient. Not only did he keep away from liquor when Sunanda was around, but he has remained "sober" for the last 25 years. The word "sober" has an interesting dimension for me. It came to me from the Alcoholics Anonymous lexicon, a widely accepted term in the world of drugs. I was trying to get a Marathi equivalent for this word. I thought of Sai Baba's motto "saburi" (patience) which goes close to "sober." It is true that to remain sober, one needs "saburi." There are many who suffer from an obsessive urge to have liquor, much after they have renounced it. But Mahadev never ever experienced any such desire.

Every field of activity has its own lingo and terminology. When a de-addicted drug free rehabilitated person gets a rare one time urge to have liquor, it is called a "slip." It may occur during the first few weeks or months of sobriety or even after the alcoholic has been dry a number of years. Nearly all AAs who have been through this experience say that slips can be traced to specific causes. A slip is curable with immediate counseling. But if the person continues to drink thereafter, that is termed as a "relapse." That denotes the re-emergence of the vicious cycle of continuous liquor sessions. It also calls for hospitalization. Therefore a slip requires short-term and immediate attention; but a relapse is serious. Mahadev did not even slip, leave aside relapse. Unforeseen problems, calamities and tensions can cause occasional slips and relapses. But Mahadev retained his sobriety despite the odds. He had his share of problems, and they were big problems. He lived in a small shanty in the Dattawadi slum colony. The shanty was demolished by the corporation and his small world was shattered. He was on the streets. But Mahadev did not return to liquor. Even after the untimely death of his son-in-law, Mahadev remained resolute.

Mahadev had a trademark outfit – pyjama, shirt and a white cap. His wife was a typical nine-yard sari-clad Maharashtrian woman with an unmistakably big vermilion mark on her forehead. Both attended Muktangan meetings where couples spoke on marital harmony. When Muktangan turned 10, many of us were naturally thinking of a grand ceremony, of inviting either a minister or a renowned industrialist. The idea was to publish a souvenir book which could help in fund-raising. Sunanda said, "No need for that fanfare. Mahadev will be the chief guest and he will light the ceremonial lamp." We followed her instruction. Mahadev was the most important person for us in the ceremony to mark the completion of a decade. Mahadev did not make a speech, but there could not have been anyone more appropriate for the occasion.

The protective cover that PL and Sunitabai gave us in the beginning -- an umbrella of love and care -- remained over our heads for a long time. They showered us with love and care and took good care of the institute in all its future phases. When we requested for

government takeover – asking the government to relieve us of the monthly expenses – we did not get a favorable response. The Maharashtra government's zero budget had spoilt our chances of getting any state funding. Therefore, Sunitabai continue to pay the salary cheques for over 15 staffers of Muktangan. Both PL and Sunitabai religiously signed those cheques. I felt bad about these monthly formalities that both were executing for us. But we were helpless.

Soon we exhausted the initial one lakh rupee donation given by PL. We didn't know how to go about the expenses now. We were really flummoxed. But PL soon gave us additional two-and-a-half lakh rupees. He said, "You don't worry and continue with your work. Until my last breath I will not allow this center to close down." Our team felt superbly reassured by these comforting words. However, I continued with my efforts and finally managed to get a central government grant. When I visited PL to give him this good news, he asked, "I would like to do something more. What should I do?" Sunanda replied, "I want to inculcate the habit of reading in free time." PL offered, "I will donate the cupboards for the library." Nanda Naralkar, seated next to PL, donated Rs 5,000 for the purchase of books. The cupboard cost Rs 35,000, for which PL and Sunitabai happily reimbursed the bill.

They continued to give and never stopped donating. Our bonds remained intact.

PL would visit Muktangan on August 29 every year, the foundation day, and listen to patients and their kin with empathy. A patient's daughter's observation once brought tears to his eyes. While returning home, he told me, "What harm have the kids done? Why should they be cursed with such a horrific childhood?"

At one meeting, a patient's father-in-law remarked to PL, "You have got a Padma Shree award from the government. You should help in getting a similar civilian award for our Sunanda madam." To this PL responded, "Thousands of people have made her their mother. What is Padma Shree? Is there any other honor in life that is bigger than motherhood?"

■

One day at a time...

Our Muktangan started very well in the campus of the mental hospital. Sunanda was anyway an integral part of the hospital. But her work had doubled now. She visited the wards of the main hospital in the morning and later concentrated on the administrative work in her office. She proceeded to Muktangan from there and stayed on for as long as was required. The extra workload delayed her return home. Usually she reached home by 3 p.m., but now she could only make it by 5 p.m. After relaxing for a while, it was time for her to attend to the Hamal Panchayat clinic at Nana Peth. She came home very late, 10 p.m. onwards, after which she had the energy to insist on taking me for a walk on the university roads. Both of us ended the day with a glass of milk. The next day's routine began early, at 6 a.m.

Sunanda's tensions and work stress escalated as the days progressed. Our daughters started complaining about not getting enough of their mother's attention. She couldn't have by any means continued with multiple responsibilities. She had to choose Muktangan over the regular mental hospital work. Her service conditions fortunately contained a provision for a deputation. But we were informed by her seniors that she could seek deputation only if she worked for a different government department or a semi-government office or a municipal corporation. We were told that Muktangan was not a different government office; it was a niche project of an existing set-up. We were disappointed and found ourselves back to square one.

During this time I met an old friend, Arun Ghate, who worked in the state health department. He came up with some helpful suggestions and he continued to help us thereafter. He found out

that deputations to private agencies had been allowed in the past. Going by that logic, Sunanda's Muktangan posting was possible. He asked us to "put up" (typical government term) our case more systematically. Since Ghate was the office superintendent in the health department, he had first-hand inside knowledge of what would work. He helped us argue our point well with the proper documents. Of course there was a lobby, particularly in the health director's office, which raised many objections to Sunanda's posting. They were against Muktangan right from the beginning. However, health secretary Mahana did not pay heed to these fault-finders/nitpickers. Sunanda was soon freed from other responsibilities and could devote her energies to Muktangan. Our daughters got a share of their mother's time. So did the children in Muktangan!

Now that I have spoken about the state government, let me tell you about Secretary Mahana. Mahana came to Pune to visit the mental hospital, following which he also visited Muktangan. He was accompanied by a battery of officers from the director's office. He spoke to the patients in the ward and then talked to both of us. When the director started interrupting the conversation, Mahana expressed disapproval. He openly asked the director to remain silent. Mahana also suggested a way out of the discord he had witnessed. He said, "How about dissociating Muktangan from the mental hospital set-up?"

"Autonomous? How can that be?" I was fearful of this proposition. The mental hospital had so far been taking on Muktangan's major expenses like electricity, water charges and patients' food. Who would pay for all this after we became autonomous? Again, fear gripped me instantly. But Secretary Mahana assured, "We will give you Muktangan's plot on a long lease agreement at a nominal rent, and we will also retain the present facilities. Does that sound OK?"

That was the great Mahana, a man of few words; generous in his actions. I wonder why he did so much for Muktangan, despite opposition from many of his colleagues. He contributed a lion's share, but he did not even wait for the kudos. Without uttering a

word, the man disappeared! Mahana's exact opposites were his colleagues in the director's office. Interestingly, these officers had been my college mates, just four to five years junior to me. I had made a special effort to befriend these colleagues from the backward classes. We interacted amicably and addressed each other by our first names.

One such friend gained seniority in government service and became a changed person. He started currying favor with the ministers, legislators, parliamentarians and other people in the corridors of power. I felt he should have been a political leader. When I met him in our college, I gave him a piece of advice. "Please maintain and value your self-respect. You are a doctor after all. Why do you need to run after the ministers?" I didn't know that I would meet this person later in relation to the health department. His name? I will call him Mr Bhambre.

One fine day we received Sunanda's transfer order. I was dumbfounded. I felt as if someone had snatched away the ground from under my feet. What will happen to Muktangan? What will happen to her Hamal Panchayat clinic's evening appointment? Somehow, anyhow, we had to get her transfer order revoked. I thought Bhambre could help. I felt a bit reassured by this thought. I went to Mumbai to meet him. As I narrated my saga, he showed me a mound of files relating to transfer orders. He said, "I can't do anything. The Chief Minister has ordered against any change of decisions. It is his prerogative." I came out very disappointed. I had no hope because I knew the then CM was not easy to deal with.

I came out of the Mantralaya building and walked to Express Towers to meet the Marathi daily newspaper editor Madhav Gadkari. He asked me, "Why do you look so upset?" I recounted my story. He immediately stood up and said, "Come, let's go to Bhai Sawant." I didn't interrupt to tell him that Sawant was the health minister, and the files were not with him but with the CM. I didn't have the energy to say anything, I just followed him. We walked to the state legislature building and waited in his chamber, as Sawant was attending the legislature session. When he appeared, Gadkari came down heavily on him. "A journalist's wife (Sunanda)

is being harassed by the government in today's Maharashtra.... What's going on?" Gadkari's remarks were like his firebrand editorials. Sawant pacified him. After inquiring into the details of Sunanda's case, he told his secretary what to do. He assured us, "Your work is done. Don't worry. Meet one Mr Bhambre and he will attend to it."

I ran happily to Bhambre. But his stance was even more confounding.

"What was the need for you to approach the higher authorities? I had almost gotten it completed." I didn't know how to react to what he said. Was he the same man I had met a few hours ago? How could he sing such a different tune now?"

As against Bhambre's chameleon-like stance was Gadkari's super cooperative attitude. He had left all his work and rushed to the legislature to solve my problem. What a contrast!

This period was indeed a difficult one for all of us. Sunanda's transfer order did not get revoked. In fact, orders to the contrary were passed thrice. Minister Bhai Sawant died in the intervening period. We had to meet and interact with the difficult CM quite a few times. The order was revoked only when the political regime changed.

We opposed the transfer not because of any personal interest. We didn't want Muktangan's small sapling to die a premature death. Veteran parliamentarian (and grandson of freedom fighter Lokmanya Bal Gangadhar Tilak) Jayantrao Tilak also intervened on our behalf. But the CM remained inflexible. He said sarcastically, "Why does that woman (Sunanda) have to be in Muktangan? She can do similar work in Nagpur too. Work is work." That wasn't true because Pune was Sunanda's own familiar milieu. We had friends and acquaintances in Pune. We had been able to rehabilitate the de-addicted patients. We had given them small-time jobs. How could we do the same kind of work in an altogether far off unfamiliar Nagpur?

I was thoroughly disturbed. On the day when the CM propounded his unreasonable theory, I was really down. I went to the Fort area. It was a quiet evening. I stood right next to the dried

water fountain in the Flora Fountain square. I thought why am I doing all this? Why am I subjecting myself to such insults? Why these tensions and burden? Why not leave everything and just go the place where Sunanda was ordered to go? Why not live the life of an average salaried jobholder...?

But as these depressing thoughts troubled me, I recalled the hard-working tireless Sunanda. I recalled the faces of her patients, the happy faces of the patients' relatives who came to meet their kin every Thursday. I came out of my despair immediately. I told myself – and I repeat these lines in times of emergency – "If I am into social work, then I need to acknowledge that it is a difficult task. I `deserve' to be in trying circumstances, because I believe in certain values. And I must pay the price. How can I chicken out like this? Is my inner strength exhausted?"

I told myself that just as Mahatma Gandhi fought against British rule, and much like the manner in which he did his Satyagraha (civil disobedience) I will wage a war against a difficult system. The whole of India joined Gandhiji's Satyagraha. It made international news. But I was completely alone, lonely. Gandhiji fought against a political regime, following which the British had to leave India. I am not that fortunate. Even if my work gets done, the system around me will remain unshaken, unchanged. And that's the real punishment for someone doing social work in contemporary India.

But there is a silver lining to this grim scenario. There are people in this system that care to do good work. Despite being part of a corrupt system, they retain their goodness. Such people have met us at different points in time, just as we have met their corrupt counterparts. Since we did not bribe these corrupt officers, they found us "adamant and inflexible."

We realized that even junior officers and clerks could create hurdles. Very often senior IAS (Indian Administrative Service) officials responded very positively to the Muktangan project. But their juniors cited clauses and sub-sections that ruined our prospects. The 'issues' raised by the trouble-making officers were non-issues. Even when the senior officer brought it to the attention

of the clerk, the latter remained expressionless and remorseless. For instance, though we had dutifully paid the stipulated rent for Muktangan's leased plot, the state Public Works Department slapped a notice asking us to pay arrears of Rs 27 lakh. We couldn't fathom out which rules they were citing to evaluate our case. The next few days were wasted in getting this order revoked. We had to get a letter signed by P.L. Deshpande, addressed to political bigwig Sharad Pawar. I recall Pawar's smile when he penned a small note, revoking the order. We were relieved and overjoyed. Happy for the moment! Of course the system remained untouched, as if looking at me mischievously.

Sunanda had introduced a good system in Muktangan. Anand often visited the place and sowed new ideas into the rich fertile ground over here. Many initiatives were of course born out of the dialogue between Sunanda and the patients. As she started her work, her innovative efforts increasingly surprised me. I had known her since our college days. In that sense we had known each other for a long time. But I didn't know she had so many ideas and initiatives. All of this was hidden somewhere! How could I have not known of this dedication? I did find her different when she worked at the mental hospital and the Hamal Panchayat clinic. She was always a humane doctor. But in Muktangan, a different Sunanda evolved in front of me. Apart from being a good doctor, she was also a great administrator. She had worked in the mental hospital as a cog in the bigger wheel, contributing her special vigor and competence to the set-up. But she was ultimately running, efficiently, an already existing system. In Muktangan, she was required to work on a blank canvas. It was like a new creation. Her work in the earlier hospitals and her association with schools of children with special needs and old age homes helped her to cope with Muktangan's demands.

I was always pleasantly surprised by Sunanda's range of capabilities. Though systematic and organized, she was exceptionally gentle and flexible with patients. She was accepting of the patients' kin. She showed readiness to set aside a few rules in the interest of the patients' helpless children, parents and spouses.

She was not interested in administrative power; otherwise her seniority as a psychiatrist would have taken her far. She could have easily become the superintendent. She set aside her degree and seniority and truly believed in talking to the patients. Her principle of "learning from the patient" remains our motto. It has saved us from becoming jaded and cynical.

Her question to the addict was: "What should be done to help you to leave alcohol?" Patients are usually not used to being treated with respect. Instead they are admonished and reprimanded: "Oh that boozer! What does he know?" "He maligned the family name. His wife left home with the kids due to his alcoholism. That good-for-nothing fellow!" Addicts are accustomed to such epithets and they cannot even protest because of their personal track record. Such addicts reacted very positively to Sunanda's attitude. She maintained, "He may not be right. But let's listen to him. If he knew all the answers he wouldn't have encountered the problem. But he still remains a person worth talking to." For her, the patient's opinion was a valid starting point in the ensuing treatment. The patients of course responded well. She trusted the worst of patients (those disregarded by the rest of the world). She gained their confidence by reposing confidence in the patient. "How does one get trust without trusting?" That was her simple logic.

I recall a peculiar case. Our patient (I give the fictitious name of Sandeep Chitre here) was the son of a rich Bangalore-based exporter, owner of several factories. Sandeep was a partner in the firm, also on the board of directors. Sandeep was addicted to drugs and alcohol. He had been taken to several de-addiction rehabilitation centers in India and abroad. But he showed no improvement. He was brought to Muktangan after nothing else worked. Muktangan was too egalitarian a set-up for him – no special rooms, no special food or dining arrangements, no special facilities. That was a bit too much for Sandeep who was very western in his ways. His hair was overgrown and unkempt, like that of a foreign hippie.

After trying out several places and remedies, Sandeep was brought to Sunanda for a sitting. His father was a very successful

businessman who had risen from a very humble background. His voice wielded authority. He started telling Sunanda, "You know this boy.. you should tell him to..." Sunanda stopped him and said quietly, "I will tell him whatever is required. I know when to do that. Can you please speak only when I ask you to?" Sandeep's father got a 1000 volt shock. He stopped talking immediately. Sandeep was very happy to see his dad silenced for a change. He developed a deep faith and confidence in Sunanda. This faith remained intact forever. Sandeep quickly became a part of the Muktangan family. Though raised in a very different elite set-up, he started doing all the mandatory duties that other patients observed. He was Sunanda's favorite.

After his treatment was over, Sandeep went back to Bangalore. But he could not get along with his aggressive father. They clashed over and over again. Sandeep contacted Sunanda and told her about his dilemma. He said, "Madam, life is really difficult over here. Can I come back to you? I don't mind doing any work, even that of a sweeper. I don't get along with my parents. I will go back to drugs if I don't get out of here." Sunanda didn't waste a minute and called him over. He started working in Muktangan.

On one occasion when I happened to visit Muktangan, I chanced upon Sandeep carrying a bucket in one hand and a broom in the other. His hair was tied back with a band. Standing in front of Sunanda, the brat asked, "How do I look madam?" Sunanda indicated a `big thumbs up' to communicate her appreciation. Sandeep had voluntarily opted for the cleanliness drive. He also got some others involved in the work of cleaning toilets and drainage lines. This was a dire need in the mental hospital set-up where the quality of construction was indeed substandard. Sandeep's squad, which he called the maintenance team, geared itself for a major clean-up drive. Covering their heads with handkerchiefs, armed with buckets and brooms, these boys removed the blockage in the drainage pipes. Sandeep took the lead in doing this, even if it meant standing in waist-deep sewage. Cleaning the toilets was part of Sandeep's coping mechanism. He once told me, "Whenever disturbing thoughts enter my brain, I go and clean a few toilet

blocks. And then I regain my peace of mind."

Sandeep was a good writer. He wrote poetry well. He had a good command over English. Very soon he started contributing poems to the English newspapers in Pune. He was a man of few words, but his maturity was palpable. Whenever I saw his maintenance team moving from one part of the campus to another, I felt that Mahatma Gandhi, the Father of the Nation, (who campaigned for cleanliness of public spaces) would have certainly patted them on their backs.

Sandeep's father was not very happy about this. For him, the satisfaction these tasks brought did not mean anything. In fact when he discovered that Sandeep was cleaning toilets, he sent the company manager to tell him to leave everything immediately and return to Bangalore, threatening him with loss of directorship, partnership and ownership of every other company. But Sandeep did not cave in. He didn't lose a moment in relinquishing his rights in his father's company. He took the documents from the manager, signed all possible resignation papers and said, "Now I am on my own." Sandeep did very well. He married and had a son. His parents patched up with him. But all that was later.

Another instance reminds me of a mother who learnt a lesson in Muktangan, like Sandeep's father. She was a member of the parliament (MP), who approached Sunanda in connection with her son. She came to visit us along with the collector of Pune. A stout lady, head covered with her pallav (end of the saree), she was quite a presence. As soon as she landed in the hospital, our staffers were on the alert. They came running to Sunanda to inform her about the MP's arrival. Sunanda told them to ask her to be seated and await her turn, just like any other visitor. After attending to the patients, Sunanda spoke to the MP and the collector. The MP started talking about her son; repeating her story several times. Sunanda interrupted her and said, "I have heard all that. Do you have anything new to add?" The lady was taken aback. She turned to the collector and said, "We are political leaders. We love to talk and no one stops us. This is the first person I have met who has dared to cut me short."

The MP's son was not a total addict. But her political opponents

looked for occasions to serve him alcohol and get him drunk, after which the boy was in the habit of making a scene. He often created uproar in front of his own house. On such occasions the MP would call Sunanda for help. After a few such incidents, Sunanda asked the MP to relocate her son elsewhere. The lady lost her cool. "How can he go anywhere else? My son is my political inheritor. He and I will have to be here together. And I operate here, I mean politically." Sunanda asked her, "Do you want an heir for your political career or do you want your son?" That changed the course of the son's life. The boy changed his ways and learnt to stand on his own two feet. He runs a small business in Mumbai. His resources are far more slender than what he would have inherited, but he is now happy and stays away from alcohol. He is married and has kids. His mother comes to visit him, loves the grandchildren. Despite her hectic political schedule, she makes time for the little ones. For all you know she must be looking for her political inheritor in her grandchildren!

Sunanda always maintained that it was easy to handle patients, but difficult to deal with irritating parents. She loved the patients. She has some power in her that silenced the noisiest, naughtiest and nastiest of patients. She met some very difficult ones at the Nana Peth clinic. Once there was major commotion on the streets. A patient had been caught by five others and was being dragged to the hospital. He was uncontrollable. When the crowd entered the hospital, Sunanda said, "All of you please leave. I will talk to the patient." No one was willing to leave. They feared that the angry patient would behave uncontrollably. After a while, when the others had left, she spoke to him alone. Five minutes later Sunanda signaled to the others to come in. The patient was sitting quietly. She said, "You can take him now. He is ready to be admitted in Muktangan. Bring him there tomorrow." All of them were astounded.

Did Sunanda have any mysterious power? I don't think so. She was different because her frame of mind and attitude was humane even towards ill-behaved and ill-tempered souls. She did not have preconceived notions or biases. She believed in the innate

goodness of mankind. She felt even the alcoholic; the mentally challenged and the totally insane people had some goodness in them. It was a certain empathy and confidence that showed in her eyes which helped to win over patients. She never looked at patients with the eyes of a moral judge. She did not judge people by their track record, their past bungling, their scandals, the problems they caused for others. Her love for her patients was unalloyed. It was reflected in her eyes and words. She never gave sermons on good behavior. She never said in so many words: "You should now leave alcohol." She knew the patients' relatives and well-wishers must have dinned such words into their ears. She felt that too much advice had little effect on patients' messed up minds.

A newly admitted patient was very upset. His mother, scheduled to come on Thursday, had not kept her word. He was throwing things around in anger. "Let me meet that Awachat woman! I will tell her and get out of this place. Let me see who can stop me."

While the guy was making this scene, Sunanda's car entered Muktangan. While getting into the car, she usually picked up a few flowers from those that had fallen in our garden. As she got down, the angry patient approached her. She smiled at him and extended the flowers in his direction. Surprised, his anger evaporated into thin air. He told others later, "So what if my mother didn't come, I have got another one here." The patient was transformed after that defining incident. He lent himself to all corrective therapies. When his folks visited Muktangan, they thought they were meeting a different person.

Such miracles occurred frequently in Muktangan. I observed quite often, "Miracles happen here every day." When people counter questioned, "How can they be miracles if they happen each day? The novelty is gone." To this I had an answer, "It is a miracle for the family which is not expecting such a change in their kin."

We began to attend the AA (Alcoholics Anonymous) meetings whenever possible. AA conducts such meetings in different parts of the world. AA members often said, "We make these meetings happen." I was a bit puzzled by this statement, though I realized later what it meant to "make it happen." As the myth goes, Bob and

Bill, two alcoholics in the U.S. One of them had just freed himself of the spell of alcohol. They started sharing their experiences and didn't realize how the evening flew away. After a long time, they had spent time together without booze. They decided to meet again and continued to do so every evening. Some others joined them in these booze-free evenings. Thus was born Alcoholics Anonymous.

AA members have some inspiring adages. I like one of them very much: "One day at a time." This applies very aptly to the world of drugs and alcohol. It has made life livable for many addicts, changing life for the better for so many who had lost hope. "One day at a time" is a simple message: Yesterday has gone and cannot be changed; tomorrow is not in our hands; what remains with us is "today," and more specifically, this very moment! This "one day at a time" method was adopted by Mukatangan. We continue to follow it.

When people dwell on the past, they invariably experience remorse and grief. A remorseful mind is necessarily disturbed, unhappy over missed opportunities and failures. Such a mind is most likely to be drawn to drugs or alcohol. That's precisely why addicts need to put their past behind them. Apart from the burden of the past -- which accounts for half the clutter in a patient's mind – there is also fear of the future. The patient wonders if he can live without alcohol for the rest of his life. In this fearful state, the patient's mind dwells on the future consequences of past mistakes. How will I ever repay my debts? Will I get my wife back? What about the court cases slapped on me? Such questions take control of troubled minds. In such a disturbed state, alcohol seems a panacea.

The "one day at a time" lesson is worth learning. Don't worry about the future which is beyond control. Live for the moment. Decide the action for the day. Begin the day with a resolution that you will refrain from alcohol. End the day by appreciating the "day" you have earned. If you are a believer, then thank God for the day well spent. Thank all those who helped you. Those who follow this doctrine, live a wonderful life. They don't even realize the number of years that go by – free from addictions.

Much like the catch phrase of "one day at a time," the Sanskrit

adage *Sahana Bhavatu* (asking for peace, protection and nourishment for all) is very much part of Indian culture. The idea of taking life as it comes, taking the moment as it unfolds, is a gem of wisdom. It is a reassuring, friendly message asking people not to worry too much, but merely concentrate on the present.

Both Sunanda and I have been tremendously inspired by the "one day at a time" maxim. In the poems and songs that I have penned in Muktangan, I have conveyed this dictum in many ways, underscoring the importance of each day in a patient's life.

Our daughter Yashodha was suffering from epileptic fits. The fits would either come every day or else infrequently. She said, "I cannot exercise any control over when the fits will come. The pain or the frequency of the fits can't be avoided. But the time between two fits is mine. I can spend it well." Yashodha's wisdom indeed did not match her years. She had realized the value of life. Similarly, Sunanda lived each day cheerfully even after she was diagnosed with cancer. She said, "I am living the 'one day at a time' maxim." Her doctor often advised her, "Why don't you cut down on your activities? Take a break and go for a foreign trip. Close down Muktangan." But she said, "I am going to live for long and work very hard." She worked towards that dream and fulfilled it. She used to tell me, "This moment is ours and we can live it optimally. Let's work and also enjoy it."

The "one day at a time" maxim is also similar to the Sanskrit word *sthitapradnya* (calm and resolute; and unaffected by joy or sorrow) underlined in the holy book, the *Geeta*. It reminds me of the lines in Geetai (the Marathi translation of the Bhagvat Geeta) written by Gandhian leader Acharya Vinoba Bhave. In the epic *Mahabharata*, Arjun asks Lord Krishna about ways to deal with life. He wants to know the concept of ideal behavior. Lord Krishna tells him how to be unaffected by the dilemmas of daily life. I think the maxim of "one day at a time" also provides the answers.

I admired all the slogans and mottos advocated by Alcoholics Anonymous. By making these slogans a basic part of the attitude to the problems of daily living, the average alcoholic is usually helped to live successfully without alcohol. My favorite adage was

Chinese philosopher Confucius' line, "This too shall pass," which was prominently flashed in AA meetings. They had translated it into Hindi, but the English sounded better and more effective. The adage is a source of solace to a patient. It brings hope to those who are in pain and trouble, since it tells us that every phase in life is temporary. It is a signal to those who are deep down in the pits of despair and ignominy; but also a warning to those who are lolling in luxury. It is a cruel reminder to everyone who believes in permanence.

I admire AA's HALT program as well. Hunger, Anger, Loneliness and Tiredness – the four crucial factors that push a patient into the drug or alcohol trap. I have made good use of these terms in my poems. AA members observe that these four factors push an addict closer to alcohol. We value AA's experience and have added our own insights to the list of danger signals that an addict should be made aware of. We feel that an alcohol addict or someone who is trying to de-addict, should not carry too much cash on his or her person. Here I recall a patient who returned home after recovering. He was unemployed and therefore idle at home, and naturally an idle man's mind is a devil's workshop. Incidentally, Muktangan started a day care center for such borderline patients who could keep themselves busy doing small chores and thereby avoid alcohol.

Coming to this friend of mine who visited Muktangan's day care center, his father had come to drop him on the scooter. Instead of entering the campus, the father dropped our friend at the main gate and also gave him Rs 180 to be deposited in the Muktangan accounts for unpaid dues. The patient, as he recalled later when he completely recovered, just stood at the gate with Rs 180 in his pocket. "I was alone. I could have easily spent the money on drinks. The thought was tantalizing. I became nervous. I was perspiring profusely," the patient narrated his dilemma. A friend from Muktangan passing by understood the internal turmoil in the patient's mind. He took our patient to a small tea stall, where they drank tea. Our friend came back to his senses and returned to Muktangan. When the inmates came to learn of his personal victory

over his obsession, they congratulated him. For the outside world, he had not done anything great. But for the patient, it was a very major personal victory over his weakness. Had he consumed liquor on that day, he would have re-entered a vicious cycle that he had broken long ago. He wouldn't have come back to Muktangan. In all probability, he would have drunk his way to death. But he did the reverse. And that was a miracle!

There is another memory relating to a patient's proximity to cash. Manohar, Sunanda's colleague in the mental hospital (who later recovered and became a valuable contributor to AA's activities) was heavily addicted to alcohol. His drinking became progressively worse. He drank day and night. His wife once requested him not to drink on their daughter's birthday. He got up late that day and his wife gave him a list of things to buy for the evening party and gave him money for the purchases. The daughter's friends were expected to come for her party. Manohar took his bicycle and as he started approaching the Bund Garden bridge, he started getting ideas. Why not take a little bit of liquor? What about the promise made to his wife? As he cycled his way to the station area, he reasoned, "I can drink because my promise is not to drink today and that means after a few hours from now. I can drink earlier than that." Before he could dissuade himself, he entered the Samrat bar and surrendered to drinks. He reached home the next day. Manohar later told us, "I have still not been able to muster up the courage to ask my wife about that evening's birthday celebration."

The deep craving for liquor is incomprehensible to others, but known only to those who suffer it. It makes a stealthy entry into the person's mind and then takes complete charge. Our friend Prasad once came home. He had been a victim of alcohol addiction; he was a reformed person now. He worked in Muktangan later. We stood on the balcony looking at the cloudy sky. The monsoons had not yet arrived. But it was raining somewhere far away, because the beautiful fragrance of the soil soothed our senses. As we were enjoying the breeze, I said, "What beautiful climate! Isn't it so nice and windy?" But Prasad reacted differently, "Baba, this wind

creates a cyclone in our mind. Our mind runs helter skelter because we associate most of our booze sessions with such weather."

I was surprised and saddened as well. Anything that is so normal and natural for us can be dangerous or reminiscent of danger for others. One such friend was traveling to Nasik by train. He was pretty normal until the train stopped at Igatpuri. As soon as it halted, he was reminded of liquor. That was the place where he had guzzled lots of beer in the past. His mind started avoiding the thought of those days. But his body started pulling him in the wrong direction. He clutched at the seat and did not move. The train soon left the station and he was saved from a calamity. The passenger next to him had been completely oblivious to the turbulence in the addict's mind.

All the aforementioned examples educated us. As counselors in Muktangan, we encountered alcohol "obsession" for the first time. It took us time to gauge the extent of such an obsession. Before we got to know these addicts, we didn't understand how a person could go back to something that had ruined his life. We, and the patient's kin, couldn't fathom why an addict, who has suffered so much and who has repeatedly vowed not to touch liquor, would repeat the same blunders again. But we didn't realize that such unreasonable obsession is an illness that requires treatment. Our attitude changed only after we realized the overwhelming nature of an obsession. Earlier when patients were readmitted to Muktangan following a relapse, we experienced anger and fatigue. But now the situation was different; we developed empathy for a person trapped in a vicious cycle. It was difficult to convince and educate the kin of the patient about the obsession. It isn't easy for depressed and dejected relatives to understand a patient's behavior. They did not look upon it as an illness. "He is not ill? He is fine. Eats and drinks well, beats up his wife, ill-treats and abuses his parents. He is fine; we are the ones who are ill." That was the parents' response.

It is true that a drug or alcohol addict's family is adversely affected. They need help and that's why Muktangan introduced family counseling. The family was included in the patient's treatment. Addiction does not ruin a patient alone, it ruins the entire

family.

As I said earlier, we started developing and renewing AA's HALT program. For instance, we added and demonstrated that a patient should be consciously kept away from cash, because access to money fuels the patient's urge to consumer liquor. That reminds me of a patient, Shirish Kolgaonkar, a pleasing personality, not very tall, wearing gold framed glasses. When he came to Muktangan, I thought he had come to admit his son. But I was surprised to learn that he was the patient. He was a high-ranking officer with several people working under him. It was an interesting case. Shirish's wife brought him to us after every relapse. He would be fine after a while -- happy, smiling and co-operative. But he looked so morose and dull when he was brought for admission at regular intervals – head hung in shame, trying to hide his face from the world. He was generally very mild-mannered. But we didn't know what happened to him when he went into the outside world. Sunanda thought of getting him transferred to the Pune unit of his company. We met his bosses. They liked him, were worried about his alcoholism and readily relocated him to Pune. He was put in our after care center from where he was to travel to his office by bus. This was to prevent him from using a vehicle as he had met with an accident while riding a scooter. Sunanda treated him with her characteristic regimen. He was given Rs 10 every day by the accounts department. While Rs 8 were for his travel cost, the rest was for a cup of tea. He could get the money only after showing the bus tickets as proof. It was difficult to believe that a high salaried man had to keep accounting for such petty cash. Once Sunanda discovered he had submitted fake tickets for reimbursement. Shirish succeeded in staying away from drugs for a year. His wife came to take him back. It was his longest "sober" period since they had got married.

I like AA's serenity prayer. It was penned by a saint and originally written in English. Satara-based Devdutt Dabholkar has creatively adapted it for us. Sung in Muktangan every day, it urges the patient to steel himself from within. "God, grant me the serenity to accept the things I cannot change, the courage to change the

things I can, and the wisdom to know the difference." It urges the inmates to strengthen their resolve and make optimum use of their innate wisdom. I am particularly appreciative of the manner in which Dabholkar's Marathi adaptation weaves the concept of God into it, Indianizing it further. I have translated the poem in Hindi for the non-Maharashtrian friends who hail from other states in Muktangan, a considerable presence now.

I am not a believer, and I didn't know whether I should retain the references to God in the poem. But AA solved the problem for me. It advocates that if a patient does not believe in God, he can seek solace in any "high power" of his or her choice.

I thought of this concept of a `high power.' It denotes a certain faith in collective wisdom. It means a belief in the power of wellness. Why not inculcate the concept of faith in the poem, if it serves the cause of our patients? After all, life is all about acceptance. Sunanda accepted her cancer, Yasho accepted epilepsy, Naseema Hurjuk accepted her handicap and my Origami guru Saburo Kase accepted his blindness. The idea is to accept the inevitable and the unavoidable; and yet devotedly pursue whatever is possible. And how does one differentiate between the possible and the impossible? It is by seeking wisdom in God or any other high power or collective faith. As a non-believer, where do I seek wisdom? I will have to seek answers in my innermost recesses, my conscience, and my soul. My answers will come from that guiding inner force.

It was this inner guiding force that supported me after Sunanda passed away. I cried inconsolably for four continuous days. The inner voice then came to the fore. I sat near Sunanda's table at Muktangan. I felt that if I really love her, I will express it in one way – I will run Muktangan. When I made that resolution, my inner turmoil ended. I hurriedly got down to work.

All one needs to do is to continue walking. If one does the bit that is possible, then seemingly impossible things become achievable. The categories of achievable and unachievable things are interchangeable. Nothing is compartmentalized.

I thought I had just got the point; I was ready to take on anyone.

But when I thought I had come to terms with Sunanda's death, I found myself perturbed late one night. A web of thoughts started choking me. I found myself alone, left behind by my beloved wife, friend, soul mate, guru. How will I live now? As these negative thoughts gripped me, my inner voice came to my rescue. I got up and went to another room. I thought of all the near and dear ones in my life. I told myself that I was not lonely because I was in the company of many loved ones in this world. The radiance of positive thoughts filled my mind. I felt revitalized.

I have narrated this to many in Muktangan. Never suppress a negative thought, but fight it with an appropriately strong positive and affirmative one. Shoo away the negativity completely, as it can grow and debilitate you. Therefore, address the negativity with adequate ammunition. If the thought of alcohol comes into your mind, you should immediately tackle it firmly. "My dear friend Alcohol, I have accompanied you so far. I have thereby damaged my prospects. I have paid a heavy price. (You should quantify the damage done, at this specific juncture). But I am not going to follow you any longer. Get out immediately." That's the way to do it.

My friends appreciate this story. So far they had been suppressing their negative ruminations. They were even guilty of creating their own dangerous thinking patterns. I urged them to tackle those thoughts more systematically. Confront them without suppressing. That was among the many mantras, tricks, anecdotes and instances we shared in Muktangan.

So coming to AA, their stories and experiences did give a solid base to our work. But Muktangan is not a replica of AA. We have accepted suggestions and welcomed additions. Anand Nadkarni introduced the REBT (Rational Emotive Behavior Therapy) technique to us. It is a brainchild of American psychologist Albert Ellis. According to REBT, which was developed in 1955, the interrelation of cognition, emotion and behavior is crucial in a person's choice of alcohol. For instance, a person can lose his temper after a quarrel and then start drinking out of anger. That makes the "quarrel" a legitimate "cause" for the consumption of liquor.

However, as per the REBT technique, this co-relation need not be presupposed. Instead, the patient should take stock of the situation and see the ways in which he has needlessly upset himself, and then learn how to compose himself, and finally, how to empower himself and lead a happier and more fulfilling life. The idea is to guide the patient to find ways for his own reconciliation. The patient can take the help of someone else to hit the pause button, think for a moment and avoid confrontation. That is what I have understood of REBT, relevant parts of which I have incorporated in Muktangan. Similarly, I have borrowed from the wisdom of Indian saints. Muktangan's roots reach out to tradition in this sense.

Muktangan believes in exchanges. We don't rule out others; we relate to other ideologies that complement our cause. That's the reason why we don't have issues with any other group. We don't even claim that we are the best. We only make a fervent plea against drugs and alcohol. We pitch strongly for de-addiction. We bring our experiences to the table – professional accounts as well as lessons from personal lives.

Vessels tested in the furnace of life

I have shared many personal aspects with you while narrating this story. But isn't that natural? Our personal experiments and experiences often come in handy in our professional lives. Similarly, our professional work impacts our personal decisions. Experience is pure and pristine. It can be applied to any aspect or situation.

So thus goes the story. Our lives, and the lives of our daughters, had gotten inexplicably intertwined with Muktangan. Hundreds and thousands of lives unfolded around us. We were coming in contact with so many types of people. We couldn't have possibly remained bereft of emotion and resistant to change. Who can remain unchanged after experiencing life in its entirety? We were privy to insights that evoked fear and alarm; defining experiences that showed the most humane side of life. The disconnect in many homes disturbed us. But we were also comforted to see some women succeed in holding the fort. We learnt from each other and continue to do so. There was not a single day which didn't yield an educative moment. We learnt from patients who had lost hope; also from patients' kin who wouldn't give up despite the odds. We have seen people change radically. It is said that human nature is complex and not prone to major transformations. But at Muktangan, many of our patients proved us wrong. They achieved the impossible and surprised us all. Datta Srikhande's case is one such story of total transformation. His story is well known. Datta has written about his experiences in the *Sakaal* Marathi daily. He has also appeared on television. His life is indeed thrilling and unusual.

Datta was a rickshaw driver in Ambernath (a distant suburb of

Mumbai). He was addicted to brown sugar. Naturally, the addiction was costly. It drained him, physically and financially. A group of youngsters from Ambernath was heavily into pick-pocketing. They had mastered it into an art and practiced it in the suburban trains. They invited Datta to join the gang. "You don't need to do much. Just be with us. We will ask you to stand at a particular spot. You will get your share," one of the group members assured Datta. Datta consented and started learning the ropes. From what they gave him, his daily expense on drugs was taken care of. He was happy. But as days passed, his daily intake of brown sugar shot up. The money from the pick-pocketing business no longer sufficed. By then Datta had inside experience of the trade. He was privy to many techniques. "Why not have my own separate operations? Why should I collaborate? That will give me a larger share for buying my daily dose," he thought to himself. He started on his own. He was caught by the police a few times. Cases were slapped on him. He soon absconded outside the city limits. Much like the 'wanted' criminals and pick-pockets whose photos are pasted on railway stations, Datta's photos were also displayed on railway station walls. By this time Datta had left his home and he had become a creature of the streets. He was jailed several times. There was not a single jail in Maharashtra which Datta had not been to.

When he was in the Yerawada jail, he read about Muktangan in a newspaper. He wrote to Sunanda, telling her he was a jailed criminal who wanted to get rid of his addiction, but did not know how to do it. Sunanda told him to come to Muktangan immediately after his release. He did so and stayed in Muktangan. When he recovered, Sunanda sent him back to Ambernath. But as soon as he landed at the station, the police constable stopped him.

"Hey you, aren't you .....doing your work?"

"No sir, I am a changed man now. I have left this business."

"Oh so you are reformed? If people like you leave this business, what will people like us survive on? Shut up you idiot, get back to where you came from and bring my share, or I will send you to jail again," the constable roared.

Fortunately, Datta had Sunanda's letter and managed to return

safely to Muktangan. He did not want to take any more risks. Sunanda said, "Okay, stay with us. You can work in the kitchen."

Datta's story would have ended over here. But it actually began at this juncture. Sunanda asked him to read books. The first book he read belonged to me. Then he voraciously read my other books as well. While helping our staff with the chores in the kitchen, he also learnt cooking. He became a respectable staff member. After a year, Sunanda told him that he was well enough to stay on his own. Many of our patients lived in rented rooms at Vishrantwadi. Datta got accommodation from a patient who was about to leave. He lived there for long and did not once take recourse to drugs.

After about three years, Sunanda thought of his marriage prospects. We started looking for a suitable bride. Who would give their daughter's hand in marriage to a person with a criminal record? But Sunanda spotted a girl in a destitute women's institution she often visited at Karve Road. Her name was Radha. Dark complexioned and not very tall, there was a positive vibe in Radha's personality. She was told about Datta's background. She had lost her parents, but she had a grandmother in her village. We took her grandma's permission and arranged their wedding in Muktangan's premises. Other weddings had taken place earlier in our campus. The floral decoration for such occasions was done by our friend who had recovered from drugs. He used to come to Muktangan to personally look into the choices. One of our former patients was a priest, lovingly called Guruji. The roly-poly guy, with a paunch, used to come from Mumbai. He was our official priest at weddings. It was a delight to see him in the traditional attire of a priest. We were reminded of his days in Muktangan when he danced with that huge paunch. Food was an elaborate affair, with rows of guests savoring the delicacies in our weddings. One of our patients would supervise the catering for the day. He always made something special for the wedding day.

Datta's wedding was a grand Muktangan family occasion. During the religious rites we stood in for Radha's parents. Datta's relatives attended the marriage ceremony. They were really surprised by the upbeat environment.

Datta and Radha had two children. In well-attended naming ceremonies at Muktangan, both children were placed in elaborately decorated cradles. The wives of other patients sang traditional songs for the occasion. The first boy was named by Sunanda. But since she had left this world when the second child arrived, I gave him a name of my choice.

Datta did not have a house of his own. His room owner continued to hike the rent and threaten him with eviction. Ultimately, Datta bought a small house in a colony near the airport, taking a loan from the bank. My friend Vidur and I stood guarantee for the bank loan.

Both Datta and Radha were very industrious. Datta sold children's clothes on the streets near Vishrantwadi in the evening. Radha vended vegetables. Both of them often took contracts for catering food. In fact, they are doing very well; they do not need to work so hard. But I have found Datta to be an amazingly painstaking person. Though his past life was dominated by crime, today one cannot find a more sincere and honest person than Datta. All my colleagues in Muktangan are fine and honest, but Datta is par excellence. He is in a class of his own. There are many Dattas around us -- trapped in crime; living their entire lives in jails. I wish they too had supporting hands to pull them out of the mess and help live productive lives.

In Muktangan, there is a district category of patients who hail from criminal backgrounds. They do not trust people easily. Although there is very little reason to distrust people in our set-up, yet it is difficult for them to overcome their misgivings and doubts. Siddhu was a suspicious soul. A drug addict and a pick pocket. He taught me the art of picking pockets, which of course I have never put into practice. Siddhu never got along with anyone. But he was devoted to Sunanda madam. On Sunanda's birthday one year, Siddhu was in Mumbai, heavily drugged and restless. He remembered the date, December 2, and came to Muktangan to wish her. The patients had organized a small function in the main hall. As we were proceeding to the venue, we saw an unkempt beggar-like figure emerging from nowhere. He had brought a thermos flask as a

gift for Sunanda. I was unable to recognize him, but Sunanda immediately said, "So Siddhu, nice to see you. Hope you are ready to get admitted again?" Siddhu had not intended to stay on. But he immediately agreed to do so. Sunanda entered the hall with Siddhu. She was greeted by others who presented her with special greeting cards, paintings and New Year resolutions. She appreciated all the gifts and then said, "You know which gift I have liked the most today?" Everybody wondered what the unique gift was.

"My Siddhu has come back. He is my special gift for today!"

Siddhu was immeasurably touched by this. He religiously completed the entire de-addiction treatment. He told others, "I am going to take care of myself. I am madam's gift. How can I let her gift get spoilt?" Siddhu later shifted to Mumbai. He remained sober for a long time. But he succumbed to drugs and died. Sunanda was no longer in this world when her gift ceased to be. That was a consolation.

Datta and Siddhu were decent people at heart. They took to crime as a means to feed their drug habit. Naturally, using drugs introduced them to other vices, causing damage to their close ones as well as strangers. But as soon as they shook off the drug habit, their basic serene disposition came to the fore. Drugs had polluted their lives. Datta was able to shake off the pollutants. He tried hard and succeeded in regaining his equilibrium. But Siddhu's inner peace was frequently disturbed by drugs, which were like algae on otherwise tranquil waters. And it took quite some time for him to get rid of the algae.

While Datta and Siddhu became criminals due to circumstances, Nayar was a criminal minded patient. His entry into Muktangan put me on the alert. I didn't know whether we would be able to manage him. But Sunanda was confident.

I met Nayar when I had gone to the Narcotics Cell. A constable asked me, "Can you admit a criminal hailing from the southern state of Kerala? He says he wants to leave drugs." Sunanda admitted him, setting aside the rule of parental consent and presence at the time of admission in Muktangan. Nayar's parents were in Kerala. He had left his home 14 years earlier and didn't even

know whether the parents were alive. Nayar was a hard core criminal, better known in the crime world as 'Vastara Malbari' because he used the sharpened razor as a weapon to injure and kill people. He had been to many jails, and had been exterminated from many places. He was part of the core team of Tamil militants in Kerala. He helped in the exchange and transportation of drugs. Such were his scary antecedents.

Nayar completed 35 days of Muktangan's intial regimen. He stayed on after that, doing small chores. The hollow-faced, bearded, morose Nayar that we had seen on the first day had transformed into a bright young face. He was an excellent worker in our wards. Soon he became the ward in-charge who created an efficient team under his supervision. The team members called him `boss.' But that was not a very healthy development because he was trying to inject jail culture and hierarchy into Muktangan. Sunanda preempted his designs and asked him to work under her personal observation in the office. His English skills were superb and that gave him an edge in office work. He picked up Marathi effortlessly.

Sunanda ran a monthly medical check-up (Outdoor Patient Department) unit at our village, Otur. Nayar assisted her superbly in Otur. He was an expert in explaining the dose that Sunanda prescribed for patients. His interpersonal communication was effective; people thought he was a doctor. He was Sunanda's perfect shadow.

This super-efficient Nayar just absconded one fine day. He ran away taking with him the video recorder and some cash. We knew how adept he was in breaking open any lock. All the inmates were outraged, even those with a criminal background. "If you have to commit theft, go elsewhere man. Why rob your own mother? Even thieves have some principles and values," one of them remarked. Since Muktangan's property had been stolen, a police complaint was inevitable.

Later, Nayar was arrested by the police when he went to Anand's clinic in Thane. He was under the influence of drugs and had sold off the stolen property. The police retrieved our things and brought Nayar back to Pune. Sunanda and her assistant Rajaram were

summoned by the police. They stood as his guarantors and took him to Muktangan. His friends gave him a bath and a haircut in the ward. After he was brought to normalcy in a week's time, he started taking interest in his work. Nayar's authority and clout had dispelled. He worked hard in silence.

Muktangan received a computer by way of donation in those days when computers were a novelty. Sunanda arranged for Nayar's computer orientation. He picked it up very rapidly. He not only took care of our correspondence, he also passed on those skills to the state social welfare department officials, right up to the level of the department director.

As he later recounted his experiences to us, "Any good behavior usually gives rise to doubt and suspicion in the criminal world. Why is someone so nice to me? Is there an ulterior motive in this good behavior? When I came to Muktangan, people were nice to me. My doubts resurfaced. I tried to delve into their motives. But my mind was put to rest when these people continued to be nice to me even after I had deceived them many times. That was a turning point for me. I broke down due to their genuine goodness."

He used to say in jest, "I stole the video recorder here, and madam gave me an even costlier computer, as a punishment." Other patients nicknamed him `VCR' and he sportingly accepted it.

But his saga is a long one. Nayar remained away from drugs for a long time. He married and got the brainwave of setting up a business. We warned him against taking any hasty decisions, but he paid no heed and left Muktangan. But Nayar wasn't successful and suffered severe losses. He left his wife, never returned. He is still at large.

In this Nayar chapter, the specifics are peripheral. The crucial fact is the lessons we learned. First, hardcore brazen criminals can also change their ways. But this change needs to be sustained. Second lesson: Trust breeds trust. We had experienced a certain hesitation in reposing confidence in patients with a criminal background. But now we were sure that trust wielded its own magical power. We were mindful of the possibility of deceit. But we knew that this should not make us see such patients with

prejudiced eyes.

Many patients came to us for aftercare treatment. I drafted the recommendation letters for many of them. Very often I phoned up their prospective employers. Our patients responded very positively to such gestures, moved by the trust I was placing in persons who had no *locus standi*. They were surprised that I stood guarantor for their professional or business loans. But I state this with pride that none of these patients betrayed my trust. I have not had a single bad experience. They would tell each other, "Baba has vested confidence in us. He has recommended my credentials. I will not allow his reputation to be tarnished in any way." I teased them with this theory, "I challenge you to cheat me, to break my trust. At the most what will happen then? Both of us will be jailed. And in that jail, I will be with you, teaching you origami."

To this they replied, "But we will not let that day come, Baba."

Well I didn't actually go to prison for these people, but I was quite there for all these wayward children of mine. I visited police stations, chowkies and similar places to rescue my friends. That reminds me of Vijay Sonar. He worked with a goldsmith. His friends introduced him to drugs and alcohol. Very soon he became an addict. The other friends indulged openly in crime. But Vijay was not interested. His friends thought up a plan. They told him to loosen one of the planks of the door to his shop, to enable them to break it open at night. They assured him that he would get his share of the booty after the robbery. Soon after the shop was robbed, the gang was caught by the police. Vijay, the softest target, admitted to the crime and the rest were let off while he was put behind bars. He served a jail term. Even after his release and recovery in Muktangan, the police continued to harass him. He was summoned to police stations after every shop breaking incident in the vicinity. His middle-class family suffered immensely due to the noise and disturbance created by the police at unearthly hours. They took Vijay to the police station and beat him regularly.

"Oh I wasn't there!"

"Then who was there?"

"I have no idea," he cried while being flogged further.

There was another problem. On days when senior police officers came for their rounds to certain police stations in the vicinity, people with criminal records were assembled for interrogation. Vijay and others were picked up from their homes at godforsaken hours the previous night for interrogation that started around 11 a.m. Incidentally, we gave him a job, but he soon lost that because the police required his presence during work timings.

I met the local and senior police officers and asked them to remove Vijay's name from the list of notorious people in the area. I wrote applications and personally interacted with them arguing in favor of Vijay's character record. But my efforts were in vain. Finally, I told Vijay, "Let me know the next time they call you. I will come with you."

On one occasion Vijay was summoned to the Faraskhana police station at 8 a.m. Around 20 haggard souls dressed in tatters queued up in a parking lot adjacent to the main road. They were criminals. Vijay joined them and I stood next to him. Gradually, senior officers started arriving at the police station either on their motor bikes or in their special vehicles with red beacon lights. These very officers, who had treated me respectfully in the past, did not seem to notice me as I was in ignominious company.

A constable noticed my presence and took Vijay aside. "Why have you brought him here? Acting smart? This trick won't work. You will have to bear with the consequences," the policeman said. With folded hands, Vijay asked me to leave. Had the senior officers asked me about the nature of my offence, I had thought up a suitable reply: "My offence is that I have accepted this boy as my son. And that's why I am here." I was not interrogated at that time. But my strategy of accompanying Vijay seemed to have worked because he was no longer harassed by the police. The most immediate reason for that remained unknown.

These were our friends who were part of the criminal world. They were drug peddlers, wife beaters, pick-pockets, whose activities were being reported in the newspapers. Sunanda and I were often shocked to read about their arrests. I often lamented, "What sort of a community we have around us? Why can't some of

our friends be seen in positive environments like prize distribution ceremonies?" Sunanda explained, "We are meant for this special community. There are others who applaud the successful. We are not needed there." And we were indeed needed in other places. We were the guarantors for good behavior of our patients who were seeking release from their jail terms.

Violence and cruelty went hand in hand with alcoholism. But we had seen the potential of human goodness even in such supposedly cruel people. De-addiction had a sobering effect on otherwise violent beings. A porter's wife -- unable to bear with his alcoholic ways – doused herself in kerosene. Instead of stopping her from taking any untoward action, the man provided her a match box. We were shocked to hear of that kind of insanity, so far unknown to us. Later, this same porter came out of the influence of alcohol and sobered down. What would have happened if his wife had immolated herself on that fatal day? What if he had thrown a burning match stick on her? None of that happened, but the prospect was frightening.

We encountered such cases almost every day. Many violent patients beat up their wives and demanded money for their daily fix. They unabashedly stole their wives' meager hidden cash. This invariably made them compulsive liars, lying without reason. Very often their relatives complained that the patients who were otherwise well-behaved when away from alcohol continued to lie for reasons unfathomable to others. Lying became second nature to some of them, much like the involuntary act of breathing. We counseled such patients and spoke openly about this habit. In fact they also openly admitted to lying and sought forgiveness. In one or two cases, the habit was so openly discussed that it no longer remained a personal problem, but was taken on as a collective issue to be sorted out at home and in the office.

Another problem was the use of foul language. Drugs and alcohol bring with them a certain street lingo, which is characteristic of that culture. Even my high-class high-caste friends who consume foreign branded alcohol tend to enjoy local liquor in not-so-prestigious milieus. People who frequent these liquor bars,

police lock-ups and jails imbibe the language unconsciously. Even after their de-addiction, they articulate in the same idiom, especially when they are angry and squabbling. This often causes friction which makes the person go back to drugs or alcohol for relief. Sunanda made concerted efforts to weed out the foul words from patients' everyday conversations. I did not realize why she insisted on this change. Naturally, bad words translate themselves into irresponsible actions. And we saw it happening.

I recall Shivam Kadri. Hefty and dark in appearance, the man was in his early twenties. His acid tongue was well-known. Every time he blurted out a bad word, he had the habit of covering his face with his hands. Sunanda penalized him for every foul usage. He was an aftercare patient in Muktangan. Whenever he used bad words with fellow patients, Sunanda was informed and he had to pay a penalty for the lapse. The patients didn't know how Sunanda kept herself updated about this. He once told me smilingly, "I have come to know of madam's mole. Ashok Pawar is her undercover agent. Whenever he is around, we patients avoid using foul language."

I told Sunanda later, "Your agent's name is known. Pawar, right?" She laughed and said, "Pawar is in fact my overt agent. But the real informer works in complete secrecy."

Kadri's is an interesting case. His father was the owner of a transport company with a huge fleet of trucks. The father had another woman in his life, apart from Shivam's mother, which ultimately led to the mother's suicide. Shivam had sought refuge in drugs much before that happened. He came to Muktangan carrying a complex baggage – the loss of his mother, the guilt of having hurt her earlier by consuming drugs, anger towards his father. He was a cauldron of negative emotions. His step mother had moved into his house and he perceived that as loss of home and hearth. He felt he had no one to call his own. Shivam was one in the category of patients who wanted to die of drinking.

Sunanda asked him to drive her car. That was a defining point in his life. Sunanda had been diagnosed with cancer at that time, which necessitated frequent visits to Mumbai for radiation. In those

days there were severe traffic jams on the old Mumbai-Pune highway. Even if one large vehicle broke down, the highway would be blocked for hours. Shivam was an expert at finding his way out of the long queues of vehicles. He could maneuver the vehicle ahead using the smallest of spaces available between other halted vehicles. He managed these antics even during the rainy season without causing a single accident. Even at home, he protected Sunanda to an unimaginable extent. Sunanda entrusted her cash-filled purse to his custody. Despite the valuables, documents and cash in her purse, she made it a point to ask her children in Muktangan to carry her purse. That was her way of showing her trust in those kids. The patients also appreciated that gesture. They vied with each other in their bid to carry her handbag. Shivam was among the most trusted. Our daughters Mukta and Yasho used to tie rakhis on him (an Indian Hindu custom of tying an auspicious band on a brother's wrist). Sunanda painted his picture in which he is seen atop a hill with his hands thrown open. That was perhaps the last picture she sketched.

Sunanda had always told him that she would attend his marriage in his village in Karwar. But she died before fulfilling that promise. Actor Sadashiv Amrapurkar gave Kadri a well-paid job as a company driver. Kadri later got married. He went to his village when his father passed away. He could have easily settled down in his rightful estate, but he went back to his salaried job and lived a peaceful life thereafter. He calls me up on Sunanda's birth and death anniversary and talks his heart out.

When he called up recently, I told him that I was going to mention his story in my book, of course with changed identity. He said, "Write my name Baba, I have no objection!"

But I warned him, "You know there is a mention of your father's second wife. Let's avoid names."

He replied immediately, "Truth is truth Baba, why shy away from truth?"

I was surprised. That was his honest intuitive reaction. He called me up again and repeated, "Truth is truth, why hide it?" That came from a man whose past life was based on falsehoods and lies. This

was an honest man who once wanted to die of drinking.

What did Sunanda give this man? She gave him something special. He got a much-needed mother who helped him to fight arrogance, falsehood, criminality and deceit. He transformed into a simple straightforward happy gentleman.

He and such other patients enthused and heartened us. They were our tonic, our capsules of solace and happiness – beaming torches that helped us to find a way in the darkness. With all of them around, we could collectively fight our battles.

Our community of friends was rather strange -- the jobless, the homeless, ones with no reputation, ones with a history of bungling and malfeasance, ones who never went beyond the pre-primary classes. Yet they were our special children – changed and transformed souls, and ones who were attempting to change.

These children were metal vessels tested in the furnace of life. They had lived lives that we couldn't even imagine. They had risen from excruciatingly difficult circumstances. With the help of Muktangan, they were able to rise to a stature in life. In that sense they were lucky. There are so many in our society who could not even reach that stage.

These children, irrespective of their physical age, are special to me and all of us. They know the essence of life. We stood by them when they had lost everything in life. They understand and appreciate human bonds. They are grateful to those who supported and cared for them at a time when life seemed a dead end.

Many of these patients recounted their past experiences with an honesty that moved the listeners from within. It was a truthful account that we are not very used to hearing. Such truths are not acceptable in the outside world. The mundane world is dominated by a variety of falsehoods. We wear masks to hide our real faces. We use sugary sweet words that smack of duplicity. Our life is an exercise in image management. The honesty of these patients stands out in sharp contrast with this outside veneer. After coming in contact with these people, I felt suffocated at social functions where diplomacy, formality and false praise gain currency. Instead I found that our meetings, where these patients unburdened

themselves, were simpler, uncomplicated affairs. No chairmanship, no garlanding, no speeches.

Ashok Vaidya, one of our patients, was a gem of a man. He is no more in this world. He recovered from alcohol addiction and helped others to recover. He took it upon himself to counsel alcoholics, rescue them and bring them to Muktangan. He brought many of them on his scooter. His house became a home to many troubled patients and relatives. But his past life had been unbelievably stark and scary.

On one occasion he wanted money to buy alcohol. When his wife refused, he ran to the terrace with his small child and held him upside down, threatening his wife, "I will throw him down if you don't give me money." One cannot believe that this is the same Ashok who now loves his son so much.

Each experience is life-altering for them and for us. Our Prasad Chandekar sold every household belonging he could lay his hands on to buy his daily dose of drugs. He even sold the religious text of Dyaneshwari to the scrap shop and some idols of gods and goddesses in their house. Some addicts went to temples to steal the cash donated by devotees. Datta became a pick-pocket to get some extra money for drugs; others took to theft, while some became experts in snatching women's gold chains. They were not born criminals and naturally got caught easily. They were beaten up by the public and later by the police. Why did they do it? Not out of any great desire to steal. The inner urge to get their daily stock of drugs made them do such things. They were victims of their own urges. Some of them, however, later said that it was their addiction which brought them to Muktangan and gave them a mother called Sunanda.

Sunanda involved some of the inmates in her own administrative work. These assistants sat outside her office and helped her attend to patients by turn. They had to keep the patients' files ready and also bring the patient from the ward at the right time. Sunanda taught them basic office etiquette like how to attend to phone calls and take down messages. She taught them letter writing. Those lacking Marathi skills, were asked to practice

writing one paragraph each day. Her language coaching benefited non-Maharashtrians like Nayar and Kadri to gain more than working knowledge in Marathi.

When Sunanda was working in the Hamal Panchayat clinic, she would ask all the patients to cut their nails. She would perform the task herself for the first time and then instruct the patient to buy a nail cutter. At the next appointment the patient would be asked to produce the nail cutter. She did the same in Muktangan and in the mental hospital. I teased her often, "Lady they come to you for de-addiction. Where do the nails come into the picture?" To this she replied, "Start from simple things." She was seeking an all-round transformation in her patients, which meant no more unkempt nails or foul language. She wanted them to be healthy in every possible way.

That's precisely why she did not go by the book. She was a psychiatrist, but her degree and qualifications did not bind her to set parameters. They did not stop her from cutting the patients' overgrown nails. She often visited patients while they were having their meals. If someone did not eat well, she would ask why. There were times when I found her kneading the dough for a delicious bhakri during her busy morning hours. "I am doing it for a patient who is not eating well," she would say. These gestures earned her a special place in the patients' hearts. Her love was boundless and unconditional. She always maintained, "There are people to take care of the rich. We are here for the needy." She was a mother to all, even those who came from the streets, and included people from very rich families who had not experienced genuine love. We have seen homes of the rich where children received everything except their parents' time.

Actor and member of parliament Sunil Dutt came to Muktangan and spoke very candidly to the patients. He admitted, "We, as parents, are responsible for our son's drug addiction. I was busy shooting and my wife was engrossed in social work. We entrusted Sanjay to the care of our servants. We never had the time to open his drawing book, nor did we ever attend his school's annual gathering."

While that was a rich man's dilemma, poorer kids had their own share of problems. They suffered because of lack of resources. Poverty stunted their emotional growth. We witnessed a commonality in all these rich and poor patients – they were looking for emotional bonds. Sunanda's love brought harmony into their disturbed personalities. She treated them like her own children. She did not differentiate between anyone – friends, relatives, our house helpers like Philomina and Surekha... her love and affection included everyone. Her feelings never lost their intensity. People found this surprising. They wondered how long her concern and compassion would last. But she remained the same throughout her life. In fact she became even more caring and loving after she was struck with cancer.

Sunanda frequently visited Bangalore for a project at the renowned institute NIMHANS (National Institute of Mental Health and Neuro Sciences). Many psychiatry students in the institute had written papers which were published in prestigious science journals. They were surprised that Sunanda, despite her years of field experience, did not have a single paper to her credit. Her senior and world-renowned psychiatrist Dr R S Murthy, whom she held in high esteem, insisted on her doing a research paper. Once he came to Pune and spent an entire day with us. He visited the mental hospital campus and Muktangan. When I went to drop him off at the airport in the evening, he said, "I was perpetually asking Dr Anita (Sunanda's other name) to write a paper. But I have now stopped nagging her. She belongs to a different category."

"What category does she belong to?" I asked out of curiosity.

He said, "Mother Teresa, Baba Amte... you know that category. She is doing what she is good at. Her mental make-up is different." I appreciated that Dr Murty had really come to understand Sunanda's disposition. Muktangan's patients of course didn't take long to get to know her.

Interestingly, Sunanda was not gullible. She loved people and yet could not be deceived. I had named her the 'fault finder', much like the 'pathfinder.' She was an ace nitpicker who detected mistakes in hotel bills and shopkeepers' sale receipts. Many veteran

shop owners had acknowledged her expertise in pointing out their accounting errors.

However, Sunanda was dealing with a really street smart crowd in Muktangan. These were people who had successfully cheated their own kin, policemen, doctors and the rest of the world. Thankfully, they could not outsmart Sunanda. A patient who had come from Anand's clinic said, "Nadkarni sir can be maneuvered easily, you see. But this madam is dangerously alert. She knows our tricks much in advance." That was because of her sleuthing agents, but she also had the knack of reading faces and body language.

Going by my own example, I was sure that Sunanda could easily tell when I was lying. It took one razor sharp look from her side for me to immediately confess. I lied habitually, thanks to a childhood dominated by a stern father and cane-wielding teachers who believed in corporeal punishment. Sunanda helped to wean me away from lying. I felt relieved when I spoke the truth and admitted to my lies. Thanks to her I don't recall a single instance in the last 35 years when I have needed to lie. I am sure our patients in Muktangan felt similarly relieved when they started speaking the truth. That feeling of liberation must have instilled self-confidence in their dealings with the police or money lenders. They could hold on to their self-esteem, speak the truth and own up their lapses. Thus Sunanda gave a definite direction to their lives.

I recall the young boy Suresh working as a priest in a world-famous pilgrim spot. The God residing there was an all-powerful wish-fulfilling deity. The pooja there was a costly affair. And in that supposedly holy place were drug addicts -- the priests themselves! "There is hardly any work for the priestly class. The towel-wrapped Brahmin priests just sat there with their bare torsos. There was work only when people came to perform some religious rites and rituals. The rest of the time was for drugs and other similar addictions," narrated Suresh. We discovered that the place of pilgrimage was home to many addicts, which necessitated a follow-up drive there. The shopkeeper selling flower garlands and holy offerings, bang opposite the temple, was an alcoholic. The strategic location of his shop helped him to gain good clientele

throughout day. Leaving the shop to his servant, the owner would drown himself in alcohol. Marijunana, pounded with tobacco, was consumed by most people in this pilgrim spot. When many ganja addicts came from there for treatment, I went to the place with Suresh for a closer follow-up. The people assembled there told me, "You are doing God's work by weeding out these addicts."

Suresh stayed with us for a long time. He was not even literate. But Sunanda inducted him into formal learning. She said, "If you intend to continue with your work as a priest, why not learn some skills that will help you later?" She searched for an institute in Alandi (close to Pune) which provided formal training to aspiring Brahmin priests. He traveled every day by bus to Alandi and soon became a professional priest. Sunanda and I did not believe in religious rituals and rites. But she set aside her personal beliefs and gave credence to Suresh's interests. She wanted him to find his vocation in life.

The family members of another patient once told her that they were happy about their son's recovery and wanted to perform a pooja in the pilgrim place where Suresh worked. Sunanda smiled and just said, "Good, but do not spend too much on that." She did not react abrasively. She could have told them about our patients who hailed from there. But such badmouthing was not in her temperament. Had I been in her place, I would have blurted out the truth about the 'priests' operating there.

Sunanda was ever-mindful of the patients' interests. These friends were central to her thoughts. She could understand them and lend herself wholeheartedly. That reminds me of a barber who hailed from the tiny village of Shirur.

Sunanda inquired into his background. The exchange was interesting.

"What do you do for a living?"

"I am a barber."

"What type of a barber?" He was puzzled. She asked him which sub-caste he belonged to. She knew the nomenclature of the sub-categories of the barber caste. She had picked up these terms from my research on the caste system. That impressed our friend who

revealed that he belonged to a group of barbers that played the *shehnai** very well. "But I am not good at it," he explained, adding, "My alcohol addiction ruined my life. I have forgotten how to play the *shehnai*."

Sunanda asked his folks to fetch his *shehnai* from Shirur. She called him into her office and unpacked the dusty instrument. He could not believe his eyes. He hesitated to play it. But she insisted.

After much persuasion from her side, he attempted to play the instrument. A sudden burst of musical notes drew people to Sunanda' cabin. She told him, "From now on you will play the *shehnai*." He practiced and could play well in the next four days. He became an expert. The mornings in Muktangan began with his sonorous notes during the period he stayed with us. The *shehnai* gave him a sense of purpose in life and also the confidence to fight his addiction.

Sunanda's knowledge of psychiatry never made her supercilious or egoistic. She said, "We don't cure a patient. We help a patient to cure himself." That has become Muktangan's guiding principle. When people ask me: "Do you guarantee a patient's cure?" I say, "I cannot guarantee the result. But I can guarantee that we will make 100 percent efforts to treat the patient." I am aware that I can give that guarantee only because of my colleagues. I share the credit with my team. When relatives thank us profusely for a patient's recovery, I say, "The credit goes to the fellow patients as well. They contributed to the recovery." This attitude was inculcated by Sunanda.

We, including everybody in Muktangan, learnt from our patients' experiences. Patients who remained successfully away from alcohol for a long time became Sunanda's colleagues. Some of them weren't even literate. For her, their sincere and honest urge to change themselves was enough. Such willingness helps in de-addiction and also in bringing about other inner transformations.

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* **Shehnai** or **mangal vadya**, is an aerophonic (wind) instrument, a double reed conical oboe, common in North India and West India, made out of wood, with a metal flare bell at the end. Its sound is thought to create and maintain a sense of auspiciousness and sanctity and, it is widely used during marriages, processions, and in temples. It is also played in concerts.

Sunanda set specific tasks for her friends in Muktangan, though without creating strict compartmentalization. For instance, Baba Sheikh, who was a *ganja** addict, did a bit of gardening as well as initial security searches for incoming patients and visitors. He could also conduct very effective group therapy lessons. This semi-literate man had many exciting things to share. He was naturally very popular. I recall a remarkable episode involving Sheikh. He once asked us for a rusted mesh of fencing wires lying in our campus. I thought he wanted to sell it as scrap. I asked him to specify his reason for this. He said shyly, "I need to install these wires to ward off the animals that come inside our temple." Though he used the word 'temple', I thought he was referring to a Muslim dargah or a mosque. But I was mistaken. It was indeed a Hindu temple. "What was this Muslim doing in a temple?" I wondered. He said, "I am a trustee of the temple." Here was Baba Sheikh, a proud Muslim trustee of a Hindu temple. India has remained united because of such Babas.

Such were Sunanda's gems. Sparkling and different! In order to complement their expertise, we also inducted some Masters of Social Work (MSWs) in Muktangan. These were qualified professionals, very few of whom had the staying power to work with us. One such youngster brought along a big file of certificates. I set it aside and told him, "Friend, if you are able to persuade just one alcoholic from the streets to come to Muktangan, your job is assured." He went away and never came back. I felt sad. Had I been in his place, I would have tried harder to actually locate an abandoned alcoholic. Even if I had not been successful, I would have come back to recount my failure. Why didn't that friend return? Did his certificates and degree pull him back? Does formal education do this to people? Isn't education meant to instill

*Ganja: **Cannabis**, also known as **marijuana** (sometimes spelled "**marihuana**") among many other names, refers to any number of preparations of the *Cannabis* plant intended for use as a psychoactive drug or for medicinal purposes. The word marijuana comes from the Mexican Spanish word *marihuana*. According to the United Nations, cannabis "is the most widely used illicit substance in the world." The typical herbal form of cannabis consists of the flowers and subtending leaves and stalks of mature pistillate of female plants. The resinous form of the drug is known as hashish (or merely as 'hash').

confidence rather than nurture dependence? Our semi-literate gems of Muktangan are much better in such work.

Of late, we have started going to a slum locality and reaching out to those who are unable to come to Muktangan. We came to know of a horrible unclean corner in a stone quarry in the area where people consumed drugs. Finding his way amid the muck and mess, our team leader Dwijen Smart (an addict who was a Gujarati, who recovered later) located the youngsters who gathered there using drugs. Our Muktangan volunteers spoke at length to these youngsters from the slum area. We also started a breakfast center, which attracted some youth. Then we introduced a de-addiction course for them in their school. Many youngsters benefited and later joined us for the valedictory function where I lit the customary lamp. One of the addicts from the slum said, "The place where we took drugs was like an open toilet with uncovered sewage. Nobody dared to come there. But when we saw the Muktangan volunteers visiting us every day in that dreadfully unhygienic place, we decided to cooperate." I realized that these slum children looked much better, cleaner and healthier than the skinny ones we had encountered when we first approached them. I was reminded of Sunanda's cleanliness campaign in another slum area of Pune. She had given baths to the little ones there, while demonstrating her treatment against skin disorders. I was happy to see her cleanliness campaign being taken forward by her children.

Here I am reminded of Sant Kabir Das' couplets which ask humankind, "When you sowed the seeds of the bitter babool tree (acacia), how can you expect sweet mangoes to grow?" In the case of Muktangan, we had intentionally nurtured the sturdy babool. We were not waiting for juicy mangoes. Instead we were shaping a durable plant that could give sustenance to farmers in famine-struck regions; it could provide wood and could also be used as a protective barbed fencing. We wanted it to be fodder for the cattle. We wanted its roots to be used as pestles, even after it ceases to be. We were nurturing multiple-skilled rough-and-ready toughies; not delicate fair-weather beauties. Our children in the slum areas had been like undernourished diseased acacia. Now they had begun to

flower.

I can see some dreams come true. The people we were trying to reach when we started Muktangan, came to us because of our resourceful volunteers. The volunteers did not want pay hikes or newspaper publicity. They wanted to work wholeheartedly. These workers, in the true sense of the term, were the fruits of Sunanda's perseverance. These were not mango trees reaping a rich harvest of alphonsos. These were green trees that survived in scorching, unkind climates. Muktangan also has lots of such survivors who help others to survive and overcome odds.

Every Friday is devoted to new admissions in Muktangan. The first four days are particularly difficult for new entrants. Our senior volunteers take special care of them during those crucial days. A volunteer named Bandhu started the process of group help. Bandhu was a tireless worker who stayed in the ward. He was everybody's friend and eager to lend a supportive hand. Stories of this eternal helper are still retold by many in Muktangan. Like Sandeep Chitre's maintenance team, which I have mentioned earlier, Bandhu had a 'withdrawal team,' which addressed the problems of patients who faced painful withdrawal symptoms which start immediately after admission. Even our neo-literates used that English word 'withdrawal' very often to explain their agony.

The suffering during the withdrawal phase varies from patient to patient. It is comparatively less in the alcoholics than in those addicted to drugs. It can lead to severe vomiting and dysentery. It can also cause disturbing hallucinations among alcoholics. Such patients can harm themselves and others during the hallucinatory stage. Bandhu helped these patients very efficiently, inspiring others to do the same for other patients. If patients lost control of their bowels, Bandhu's super-efficient team undressed and cleaned them.

This phase also causes severe body ache in patients, for which Muktangan volunteers tried the remedy of excellent body massages. Those in the hallucination phase had to be guarded at night. They could unwittingly start walking away in the middle of the night. Bandhu entertained us thoroughly while recounting his

experiences in dealing with withdrawal cases.

It is with pride I note that Bandhu's tradition of helping others became an accepted practice even after he was no longer around. The newer patients also easily get into the helping mode and my joy knows no bounds when I hear patients telling me, "We were devotedly and lovingly served by strangers over here. Even our own families wouldn't have treated us with such care."

One does not normally experience such care and nurturing by strangers who do not expect anything in return. People often wonder how patients transform themselves in our environment. Some relatives express surprise, "Do you practice magic over here? He does not pay heed to anything we say, but listens to you instantly." The answer to that lies in the unconditional care patients get in Muktangan. Addicts who come to Muktangan have very low self-esteem. They have been repeatedly told about the harm they have done to themselves and others. When such a person gives care and love to others, he finds himself worthy and his life improves. "Oh I could do this for strangers, and without expecting anything in return," that is the feeling of the patient which eventually leads to inner change.

Usually care-givers are paid professionals. Some of them do it for name and fame in the material world; others seek rewards in the after-life for their altruistic deeds. But when no ulterior motives exist, patients find it even more fulfilling. Isn't it surprising that people, who have never served others, become such noble care-givers? Even those who have served others for years do not get to experience the unalloyed joy that these one-time criminals derive. It is a life-defining moment which helps them regain their self-respect. I have been privy to such uplifting moments; of course I have never personally experienced this kind of pure joy!

Muktangan promises a healthy climate of cooperation. Each batch takes on some routine duties for a week. Kitchen duty means peeling and chopping vegetables; utensils duty means scouring huge vessels. If an aged person gets a physically demanding duty, the younger ones volunteer their help. If a patient is found to be morose, special efforts are made to include him in song-and-dance

or sports. Each ward has an elected monitor who is vigilant about the goings on and the patients' state of mind. Earlier when a patient did not eat well, Sunanda would provide special care. Now that she is not in this world, other volunteers have taken on that responsibility. I am happy that her affection has percolated into every individual of our group.

Let me elaborate on the the exact nature of the five-week treatment at Muktangan. The first week is devoted to dealing with the withdrawal symptoms, physically and mentally. It entails the patient's acclimatization to the daily routine and types of duties. He makes friends and forges working relationships. During the second week it is impressed upon the patient that his addiction is an ailment which needs treatment. The third week is for dealing with the patient's emotional stress and anger management, which also includes the Rational Emotive Behavior Therapy, which has been discussed in the book. Since addiction causes stress, it is pertinent to convince the patient about the need to exercise control over his mind, before moving on to other aspects. The fourth week is devoted to time and money management, which is essentially aimed at instilling confidence in the patient. It helps the patient to plan his life better and work towards moving on in the wider world. The last week focuses on teaching the patient about how to prevent relapse and understand the importance of follow-ups. This week sensitizes the patient to the dangers of a possible relapse.

While the first five weeks are chalked out in this manner, they are not set in stone. The overall structure allows ample room for alterations and changes, and not just in terms of the treatment, but in every respect. For instance, the treatment costs Rs 7,500. However, the economically challenged are not charged at all. Concessions are made for those who cannot afford to pay at the beginning, but are willing to pay in installments. There are also patients who pay much after the treatment is over, especially if they first need to become financially self-sufficient. As is evident, there is considerable flexibility while following rules. In reality we cannot be too strict with patients in the field of drug abuse prevention. We would never have been able to reach out to so many

patients had we stuck strictly to rules.

When a patient suffers from an ailment that cannot be treated at Muktangan, we move him to either Sassoon hospital or the Inlaks hospital. We ask the relatives to go directly to the hospital. Our after-care ward volunteers usually contact the relatives speedily, after Mukta (Mukta Puntambekar, my first daughter who administers Muktangan after Sunanda's death) gives the relevant directions over the phone. Our volunteers usually attend to the patient until his relatives arrive, even if they come from far-off villages. The relatives are surprised by the care given by the Muktangan staffers who do not leave the patient even for a cup of tea. When the staff's dedication is appreciated, we are overwhelmed with pride. When the patient recovers from the illness, he returns to Muktangan to finish the de-addiction process.

If patients lose their near ones, they are released to attend the religious rites. On such occasions, patients are exposed to temptation for consuming alcohol, but there is some force that brings them back to us in a sober state. It is very rewarding to see the self-discipline that is instilled into these patients.

I must tell you the story of our talented Bandhu. Whenever he visited my home, he would sit on the floor, close to my arm chair. Even after I insisted on his sitting next to me, he would say, "Oh I like it here Baba." Muktangan was everything to him. Bandhu was a gifted person. He directed a street play that had a record-breaking number of shows. He is a painter and a sportsperson, equally good at entertaining kids. He plays the harmonium, sings well and also encourages others to sing. He helps me in organizing my origami exhibitions; creates the hard base for my origami objects; humors children who come to origami workshops. He has learnt how to create some of the origami models and passed them on to other patients.

Bandhu was offered a role of an addict in a short film on Muktangan. It was an interesting episode. Filmmaker Sumitra Bhave (who has been a close friend for a long time) and Sunil Sukthankar, showed interest in making a small budget film on Muktangan. They were new at film making at that time. But

Sumitra had visited us quite often. She knew our institutional set-up very well. She wrote a suitable script and offered a role to Bandhu, who was generally a good performer. Bandhu immersed himself into it single-mindedly. The film shooting, which lasted for a fortnight, called for involvement of the patients and staff almost throughout the day and at night as well. Sumitra was very impressed by the support given by our youngsters. "No signs of boredom in these guys. They hold the heavy mikes for hours," she said. This film, named *Mukti*, later became a useful educational tool for us. We screened it for varied audiences, generally followed by our street play. The film was shown to every new batch of patients. After the shooting one patient quipped, "Baba, we enjoyed the shooting. Let's have some project going all the time. It has therapeutic value for us. We will get well because of these group exercises."

Bandhu continued to work enthusiastically even after the shooting. He seemed to have the potential to lead and become a second generation administrator at Muktangan. But Bandhu had a flaw in his personality. He was a man of varying moods and not consistent in his actions. When he was in a good mood, his work was very good. But the same man became irritable and offensive when he lost his cool. He took utmost care of the patients; but he also scolded them severely. Out of genuine love for his dedication, his friends tolerated these mood swings. They never openly complained to us. But it was easy to detect Bandhu's temperamental changes, even without being told. An otherwise obedient Bandhu would become argumentative, moving his eyeballs in a particular manner. He was like a strong energy source: very productive when channeled well, and very destructive when directionless.

We took special care of him during his bad moods. The message that a 'bad patch' had begun would spread, the others would decide to remain calm. I would ask Bandhu to go home on a month's paid leave and relax. Even when sent on compulsory leave, he would be back in two or three days. Appearing suddenly somewhere in the garden, he would say, "Baba I am bored at home. Can I come back?

I have realized my mistake and won't repeat it again. But I'm coming back." Bandhu was like a fish out of water outside Muktangan, eagerly waiting for me to permit him to come back. He would run to his ward as soon as he got my permission.

I used the same trick with another volunteer named Mudholkar. He was a devoted worker, but he could not tolerate any lack of discipline. His outbreaks of anger had to be managed by others. Though the reasons for his anger were not unjustified, his articulation of displeasure was intolerable and often harmful to others. I used to send him home. His pay cheque was also dispatched to his residence. `Leave with pay' was my unique strategy for rage management. It does not sound very believable, but it had the desired results. After a while, people like Mudholkar would come back with a fresh perspective.

Sunanda also gave psychiatric dosage and stress relief tablets to the likes of Mudholkar. She was a firm believer in counseling and other non-intrusive therapies, but the psychiatrist in her was aware of the patients' needs. She never disclosed what treatment she had given to her friends. It remained a well-kept secret. She knew exactly when to restart the dosage for people like Mudholkar. After her death, Mudholkar consulted Dr Anand Nadkarni, who said, "I have continued with Sunanda's tablet. For years it was a perfect choice to keep Mudholkar in control."

Patients like Nayar and Mudholkar had personality flaws, which Sunanda could understand very well. Even when their disorders resulted in gaffes, she did not lose her cool. She accepted them with their limitations. No wonder these patients responded positively when they came out of their individual bad patches.

Prescription of compulsory rest came to be accepted as a management technique in Muktangan. Anand Nadkarni called it the 'Baba Management Method,' obviously because I am an open advocate of this method of disciplining. I am happy that Anand, who is a management guru to senior company honchos and management bosses, has recognized it as an effective tool.

Mukta refers difficult patients and staffers to me. I have a special way of dealing with them. I talk to the person about things

other than the immediate problem, about family, the weather and new projects, etc. Expecting me to come to the point, Mukta reminds me, "Baba he is repeating the same mistake. You need to really talk about that." But I have a tendency not to din things into patients' ears. Many times repetition does not help, especially when the person already knows the problem. When I talk to the person the next time, I find him sitting apologetically with lowered eyes. Instead of talking about him, I tell him about my past mistakes, and the way I have brought about change myself. I have found that patients get the message from this.

I feel that showing documentary evidence of a patient's mistake does not help much. It makes the patient go on the defensive. I prefer not to lecture directly. Of course I understand that corrective action has its place in life. But that action should not compromise the person's creative energy. If that energy is lost, the person will never recover. I try to put myself in the witness box while addressing a patient. Citing my personal gaffes and errors, which are numerous, I dwell on the ways I chose to better myself. This reminds me of Sant Tukaram's line, "Why find faults in others; there are so many in myself." I follow this doctrine while addressing the defaulters. People call it my `management', but I regard it as the very commonly used technique of 'forget and forgive' that our mothers applied in our growing up years. The same principle applies to Muktangan because it is a home to so many.

It is indeed a home. That has made things easy. When Sunanda was alive, she was a mother to all; I am naturally a father to everyone now. For my daughters, Yasho and Mukta, I am Baba. And I am Baba to others as well, including patients like Rajaram. It is a responsibility, a bond that I have to live up to. When Bandhu's father died, we assembled at the hospital. He told me how I was the sole father figure in his life.

This `fatherhood' is not easy to accept. I have to offer support and care, but without letting that affect my mental peace. I have to remind myself of the emotional responsibility that rests on my shoulders.

As I said earlier, Bandhu was very involved in our street play

performances. Formerly a Dadar-based theatre person, he had been very involved in the Chhabildas experimental theatre movement. He had not just written and directed our skit, he continued to perform it. At one point, his performances made his voice hoarse and his throat sore. After every show, he would speak about Muktangan and give contact details. That helped people who needed counseling or treatment. Bandhu's street shows got wide media publicity. Muktangan was equated with Bandhu's name. He had the phenomenal capacity to perform without a microphone. His performance was the opening item in our public meetings that involved me and the local police officials. Bandhu had mounted 28 street plays during our de-addiction week at Nasik. Well-known Marathi litterateur Kusumagraj who was chairing the last session of our workshop, was impressed by our show. I think the credit for this goes to Sunanda and her volunteers.

Bandhu's story remains unfinished. During one of his bad patches, he said, "My talent is languishing in Muktangan. I have my own personal ambitions. I have unfulfilled dreams of acting in plays and movies." When I came to know of this lament, I asked him to pursue his dreams in the theatre world. "We need you, but not at the cost of your dreams. Please go and find your niche. We will be happy if you find it. But if you don't, then don't hesitate to come back. This is your home. You don't need permission for coming back." Bandhu did go; he made efforts, but did not succeed. He faced another bad patch and again took to drugs. After being hit by reality quite a few times, he has regained his peace now. He has cleaned up his act and not only works in Muktangan, but also as a part-time instructor at a gymnasium. He is once again the same popular Bandhudada. We are happy about his improvement, but we are keeping our fingers crossed.

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No branches anywhere in the world..

Let me change track for a while and turn to the institutional side of Muktangan. The donation given by the P L Foundation had gotten over in the year 1987. Ideally, the state government should have taken over the project. But, as I mentioned in the first chapter, the zero budget* fiscal situation of the Maharashtra government did not allow any such prospect. The message was loud and clear. The government was in no position to take on any new responsibility or expenditure. What if new problems like drugs crop up? That is not to be accounted for in a zero budget scenario.

The then Health Secretary D T Joseph was a good person. A principled official, Joseph made conscious efforts to give up tobacco when he joined the health department as secretary. He had been a chain smoker and naturally the de-addiction process took a heavy toll on him. He fainted in office on one occasion, but thankfully managed to stop smoking at one point.

Joseph was well versed with Muktangan's profile. Though appreciative of our work, he could not do much because of... what else, the zero budget. But when he approached the secretary of the social welfare department, Ms Shashi Mishra, for advice, she told us to apply for a central government scheme. Mishra was directly involved in the state level implementation of that scheme. She called the joint secretary, Ms Asha Das, in New Delhi, and got us the application forms. I was in the U.S. when the forms reached us and naturally they remained unfilled. When I went through them four

*Zero Based Budgeting (ZBB) is a technique of making plans and taking decisions which overturns the working procedure in traditional budgeting. In case of Zero Based Budgeting, the function of each and every department is analyzed and evaluated in a comprehensive manner, and all expenses increase only after such approvals.

months later, Sunanda felt that Muktangan's work did not fit within the parameters of the scheme. "We give five weeks' treatment to the patient, whereas the scheme only mentions admission for seven days. I think we will have problems later if we accept the grant as per this scheme. Our methods are different," she observed.

But I insisted on deciding the matter only after meeting Mishra. I met her in Mantralaya. The fair-faced smiling bespectacled lady advised me to avail of the scheme without delving into its details. "Address the problems later. Just avail of the scheme first. So what if your institute does more than what the scheme advocates? Continue with your good work and nobody will stop you in that."

After a while a cheque for an astronomical amount came to our doorstep. We were shaken, because the money, which came in March 1988, accounted for arrears from the previous November. We had not appointed as many staffers as were mentioned in the scheme. Also those, whom we paid from the grant funds, returned their salaries to Muktangan; in any case they had never expected any cash reward for their work. They accepted the salaries only from the month of April. Therefore, we had to return a large portion of the grant for that year. The pragmatic ones around us did not approve of this: "Just take the cash against the names of some fictitious people; get some signatures and benefit your institute. Why are you sending the money back? Does the money belong to the central government?" Despite this advice, we continued to return a major part of the grant, accounting only for those who actually worked as Muktangan staffers. Later we came in contact with our counterparts in other social institutions and friends in Delhi who reiterated the same theory, "Hey doctor, never return the grant, otherwise you will be allotted much less the next year. Just put some names and take the money. Who has the time to check if these people really work in Muktangan?"

But I am glad that we did not take that advice. We were better off the way we were. As Muktangan's staff size and work dimensions increased, the grant too doubled. It is just that the rupee has devalued so much in the recent years that the grant no longer seems astronomical in today's times. I remember the frenzied hurry in

which we bought cots, mattresses, pillows and medical equipment to meet the deadline in the first year of the grant. Earlier, we paid Rs 200 to the staffers; salaries now range from Rs 3,000 to Rs 10,000. We have opened bank accounts for every staff member. We made silly mistakes in the first year. But when the chartered accountant pulled us up for our accounting illiteracy, we started paying even the smallest bills by cheque. Our CA admired the change and continues to do our work to date.

The central government is different and demanding. Even when we sent them all necessary documents, they continued to ask for further documentation. Even if we sent them four sets of the required documents, they would raise some objections and delay our grant. There were times when I had to personally visit the offices in Delhi to confirm the receipt of each document, though that did not rule out the possibility of a last minute objection.

The prospect of a visit to New Delhi made me quite miserable. I would drag myself to the Shastri Bhavan premises, a rather ramshackle building, unlike the other posh administrative headquarters. I recall the first visit to the main hall which had tables and cupboards piled high with documents and files. There was an official seated in one of the units. He was the signatory to the warning letters that came to us. I introduced myself and showed him my Pune credentials. Without offering me a seat or casting a glance at me, he asked, "What?" I replied, "I have brought the document as per your letter." His tri-syllabic answer was: "Put it there." He pointed a finger towards a tray that was a home to many papers. I dared to speak further, "Is there anything else..." To this he snapped, "You send it when we ask for it."

That was our exchange.

When we made friends in other Delhi-based institutes, we were told, "Work gets done only when you search for your own file and insert your document. No official will do that for you." We were also told that the documents we dispatch lie around near the receptionist for a long time. They get dragged to the respective offices only when one someone condescends to pull the gunny bags stacked near the elevator. Any document can get lost in this process.

Later we got used to everything and nothing came as a surprise. Rajesh Kumar, a Delhi-based gentleman who was the head of a federation of non-governmental institutions (Federation of Indian NGOs for Drug Abuse Prevention called FINGODAP) became our friend. He was our leading light. We sent him the documents for prior checking. He visited the offices to submit the papers and got them signed for us. He had his own way of doing things. He could sweet talk his way from one officer to another. I couldn't have managed that ever in my life.

Later I met many people who were running similar institutes – Rajesh Kumar, Shanti Rangnathan from Chennai and another representative from Rajasthan. After a meeting in Shastri Bhavan we once gathered for tea and mooted the idea of meeting elsewhere.

"Let the first meeting be in Pune. We will take care of the arrangements," I invited them for the first FINGODAP summit in Pune. The then Vice-Chancellor of Pune University, Vasant Govarikar, permitted us to use the campus and the hostel facilities as well. Thankfully, that was vacation time and we could make full use of the varsity's infrastructure. Senior scientist Jayant Naralikar helped us to book other guest houses for the VIPs in his institute; so did Shashi Mishra who was by then the director of the Yashwantrao Chavan Administrative Institute. Around 300 representatives from all over India came to Pune for the summit. The joint secretary of the Health department Anand Bordia and his colleagues came from Delhi. The government and NGOs in the field of drug abuse prevention sat under one roof for the first time. We could appreciate the constraints under which government officials worked. It was shocking to learn that only two clerks looked at the files of around 300 NGOs in this sector. How could one expect quick action in such a scenario? Similarly, it was an opportunity to brief government officials about our work. So far we had been mere documents and files for them. Now they could put faces to the files.

It was the first national event organized by Muktangan. Our team provided excellent personal service to the guests. The formal function was Anand's responsibility. He did a wonderful job of putting together an attractive compact event. Bordia asked, "Wow

this gentleman is so good at his work. Where did you find him?" I said, "He is Sunanda's favorite son. We didn't find him, he found us."

We invited all the representatives to Muktangan one evening. They were all very happy to mingle with our volunteers. The guests interacted freely with the patients. The visitors were told about Muktangan's activities and the special care given by the staff. The FINGODAP members were very happy to receive these insights.

I used to be a silent member at the meetings that took place in New Delhi, never the cynosure of interest. But Muktangan was a living example of path-breaking work and that impressed others. We were doing more work than the scheme advocated. The duration of our treatment was five times longer than the government's requirement. We had projects that did not feature in the scheme – a handwritten monthly magazine run by the patients; special meetings involving the patients' spouses; an initiative for the addicts' children. Bordia told us, "When you do so much, why don't you report about it?"

I said, "We do fill up all the documents."

He said, "But what about the extra work you are doing?"

"Social thinker and visionary leader Maharshi Karve is our inspiration. He advocated silent, consistent work. Why talk about our achievements all the time?" I told Bordia.

Anand Bordia became a friend. He was a man of vision; he decided to amend the scheme under which the grant was being given. He formed a committee of members like me who suggested changes and improvements. He chose four well-run institutions in the field of drug abuse prevention (Muktangan was rated the best) which would be regional supervisors of other similar institutions. We were told to conduct regional inspections and evolve problem-solving methodologies. Later, three more institutes joined us in the supervisory core that was named RRTS (Regional Resource And Training Center). Muktangan was entrusted with the monitoring of de-addiction centers in Western India, including Gujarat, Madhya Pradesh, Chhattisgarh, Maharashtra and Goa. After this turning point, the central government's attitude changed for the better.

Bordia and his colleagues showed others how it was possible to do good work in collaboration with the beneficiaries of the scheme.

The point is why should the government ask for numerous documents from grant seekers? It is interesting to note that those who do not have much work to their credit usually manage all the paper work very well. The system accepts such non-workers because they are smart people. They can even manage inspectors on the site. But the people who work devotedly are not necessarily street smart. They get trapped in technicalities and their refusal to be maneuvered is perceived as a shortcoming.

We decided to continue our work without succumbing to any such pressures. We were ready to stop work rather than change track. It is another story that we never needed to stop, thanks to the few good people in the system. Some people realized the worth of our work and they themselves stopped making demands. In short, we were able to create a worthy reputation for Muktangan. One officer later admitted, "You have won because your non-maneuverable working style has been accepted by the manipulative guys too. That's a victory of truth over falsehood." I was glad for the limited influence we wielded over some people. As it is there are so many others who want to swallow the resources of the whole nation.

We met numerous officials, clerks and peons who worked honestly. They have all contributed to Muktangan's success. That's precisely why we never claim ownership over Muktangan. How could we forget the building blocks that helped us to raise this institution? I recall my friend Arun Ghate who worked in Mantralaya, the state headquarters in Mumbai. He was a perceptive reader, a good poet and a lay-out artist. Arun was an oasis for me in the paper-ridden world of Mantralaya. We used to run to him whenever we received any warnings from the government. I would seek his wise counsel; much like how we ask doctors about their diagnosis. His reassuring words made all the difference, "You don't worry. I will talk to the officer concerned."

We were told that every social organization has public relations liaison officers who frequent government offices. Arun often told me to appoint someone who would remind the government of our

immediate concerns. "You are slow on your PR front," he often cautioned.

I once told him, "But we have appointed our PRO."

"But have I met him?" he asked.

"Our PRO is none else but you, our Man Friday," I replied and we had a good laugh over ice cream.

I asked Arun why the government always sends us notices and warning letters; why does it never have words of appreciation or encouragement. Arun said government officers are not trained that way. "We are trained to find faults and write remarks. Never expect any positive feedback."

Arun rose in the office hierarchy, from a clerk to the level of under secretary. Thankfully, he never lost interest in newer schemes and initiatives. He did not become a jaded government *babu* doing routine filing. He was innovative in his implementation of public health schemes like drug abuse prevention, AIDS control and eradication of blindness. To our horror, a resourceful and energetic officer like Arun committed suicide in a rather mysterious manner. We were shattered by his death, more so because he was our sole support inside Mantralaya. However, I am thankful to him for showing me the governmental system from the inside

Similarly, I got inducted into the police machinery as well. I was a novice in police matters. I feared the police, like most people do. I was not very comfortable with the khaki uniform, the medals, and the rough look of mustachioed officers. But I made some friends in the police force as well and could see smiles on the otherwise stern faces.

We came in contact with the police because of our patients who fell into the drug trap. There was a young boy whose addiction stemmed from his proximity to a drug peddler. This peddler, naturally unhappy over losing a client, tempted the boy by offering him free drugs. The idea was to recreate the boy's dependence on drugs and pull him back into the vicious cycle. The peddler knew that his offer of free drugs could impact the patient's mind. When patients undergoing de-addiction treatment see drugs, they can go back on their resolutions. An unimaginably strong obsession pulls

them to the available drug packet or pouch. They forget everything else in that moment of inner turmoil.

Sensing the turmoil faced by the young addict, I approached sub-inspector Dilip Shinde who worked in the Narcotics division of the Crime Branch. Shinde kept a watch on the peddler and arrested him. Our friend was saved and he could retain his sobriety without any temptation. This case showed me a surefire way of weeding out peddlers. Whenever any addicts were admitted to Muktangan, I managed to get the names of their peddlers and agents and pass on those notorious names to the police, who in turn would raid the suspected spots. Many peddlers, who were essentially addicts, came to be arrested in this way. The police came to know the methods of the drug trade, its sources and channels. Peddlers usually changed their activities and modes of transport; they shifted to new areas and altered their modes of operation, thereby misleading the police at every juncture. Our addicts began to feed us information about who was bringing drugs from where and for whom. That helped the police in their investigations. It led to several arrests of peddlers, including two tough characters from Pune who had so far hoodwinked the police and managed to be released on bail using the loopholes in the drug act.

We then organized a seminar to suggest amendments in the Narcotic Drugs and Psychotropic Substances Act, 1985. Many legal luminaries, High Court and Sessions Court judges, senior police officers and organizations like Muktangan attended the seminar. Many amendments suggested at the seminar were later incorporated in the Act, whereby the anti-drug law was made more flexible. This helped in strengthening the intelligence apparatus to improve the collection, collation, analysis and dissemination of operational intelligence about drug traffickers and agents. We had also asked for leniency towards criminals who were operating under the influence of drugs, advising the government to reduce the jail terms of addicts who opted for corrective therapies like those offered by Muktangan. Most of these suggestions were accepted.

Many initiatives that we started in Pune were later replicated all over Maharashtra. Our strategy of utilizing the intelligence of our

patients was accepted in other districts where victims of the drug trade became informers. The head of the CID (Criminal Investigation Department) Bhaskarrao Misar, who was earlier the Pune police commissioner, appointed an official to gather intelligence from Muktangan. We did not reveal the names of the informers. Our staffer Bhaskar More collected the relevant information and handed it over to the police. I recall a big register which contained the valuable intelligence.

We asked the police about the outcome of the sensitive information provided by Muktangan and were happy to receive a tabulated account of over 1000 drug peddlers who had been arrested along with cannabis, opium and stocks of other drugs. They were being tried in different courts of law. We realized the impact we had made. Our information had helped the police to expedite their arrests, not necessarily in big cities like Mumbai, but certainly in smaller district level places. The then Director General of Police D S Soman also visited Muktangan during this period. I recall how speedy were his orders to other officers, resulting in the arrest of several small-time peddlers.

I am aware that the masterminds and bigger bosses of this trade remain beyond the law. But it was good to see some action being taken against the street level peddlers. It was a welcome development as it signaled safety in the immediate neighborhood. I was happy that the young addicts who were being treated in Muktangan were being automatically protected from possible temptation.

As I became more actively involved in drug eradication drives, well-wishers warned me against repercussions. They cautioned me about vengeful actions on the part of criminals whose vested interests were being attacked. Some doctors said, "You are meant to treat the patients. Why are you policing the peddlers? Is that your work?" Others said, "You are crossing the line. Beware."

To all these friends I had one reply: "Somebody has to clean up the neighborhood. Who will do it, and why not me? Since I treat the patients, I need to ensure that they don't meet these nefarious elements immediately after their de-addiction. So I am doing

nothing extra; it is part of the treatment."

Although I was warned of dire consequences, nothing happened to me. Instead two drug lords from Pune referred their children to us. These drug lords started attending our parents' meetings. They were worried about their childrens' addiction. One of the drug lords gave up dealings in drugs, while the other continued, notwithstanding the several offences registered against him.

We came into closer contact with the police department. Many constables were alcoholics. Their superiors began to refer them to us in batches. Later, sub-inspectors and inspectors also took the help of Muktanagn to get rid of their own alcohol addiction, which was a major problem besetting the police hierarchy. People commonly associate free liquor with the police force. But we realized that alcohol was a psychological need for an over-worked, underpaid and stressed force which works long hours without any relief from overtime duties. The common policeman is permanently under the command of his seniors; never able to enjoy family life; unable to give attention to children. This situation compels the policeman to take bribes. Addiction to either alcohol or drugs comes as a natural progression in this phase, especially when someone makes money out of the drug racket.

There was a police constable named Sunil who completed his treatment in Muktangan. After he resumed his duties, he was entrusted with a special task by the Assistant Commissioner of Police (ACP) of the region: "Meet all your constable colleagues who are absconding because of alcohol abuse and ask them to get treatment in Muktangan. I will take them back."

Sunil found 26 such constables in that area. The hardcore addicts were immediately sent to Muktangan and the others were called for daily meetings at the police station. After the de-addiction process was over, he summoned Sunanda and me to the Naigaum police headquarters in Mumbai. As we sat talking to him, a squad of these constables came marching into our room. They were in plainclothes and looked like typical policemen. I was so very happy to see their faces; even happier to see Sunil leading them. He had helped his colleagues to regain a hold over their personal and professional

lives. The ACP asked me to speak, but I had no words to express my feelings. I wondered how Muktangan, an organization that had taken shape in recent times, had brought me in contact with so many different types of people. The constables standing in front of me felt so close to my heart. I was fortunate to have built so many relationships in such a short span. Sunil and his de-addicted squad left the room; I was overcome with emotion.

Sunil continued to counsel these constables for a long time; he shared insights with them at the weekly meetings. Those constables who could not remain sober were later referred back to Muktangan. Meanwhile, Sunil lost his son. But even in this hour of emotional crisis, he did not take recourse to alcohol. My friend, the late Hemant Karkare (then Deputy Commissioner of Police, Crime Branch), appointed him as a nodal policeperson to liaise with the general public and fellow policemen in the context of de-addiction. Sunil spoke of his experiences in public speeches. He also appeared on television.

A retired ACP once approached us regarding his son, who was in police service as the DCP (Deputy Commissioner of Police). I apprised him of the classless, open set-up in Muktangan, which meant his son would not get a special room. He was also told about the daily duties of the inmates. The retired gentleman told me, "I am aware of that. I just want my son to receive treatment. I want him to live. Even if his name is disclosed or if he loses his job, I don't care." The DCP was thereafter admitted in Muktangan. At first, he just sat on his bed. But gradually, he started doing routine duties. It was rewarding to see a senior official washing utensils in our kitchen. For someone who had servants at his beck and call, this was a learning experience of a different kind. The DCP later collaborated with Muktangan and organized many de-addiction drives for the police. He called me to speak at several venues on drugs and addiction. I spoke to policemen at the Nasik police training college as well as the one in Kolhapur.

Our open, unprejudiced attitude towards all patients helped us make friends with the police as well. We had often been forewarned about police behavior. But we found that the police force was

peopled by normal human beings. Just as we made an effort to see the positive side of all patients, we tried equally hard to seek goodness in the police personnel. We learnt that it was difficult to change the entire system, but it was not impossible to create small oases of hope and recovery.

Muktangan has always been blessed with spacious premises. Many social organizations suffer due to lack of adequate space. Very often these organizations lose their initial energy and resources in obtaining a plot of land for their use. But we had a two-storied building with four major halls and several rooms. We could spread out all our after-care and day care activities in two major halls and devote the other spaces for public meetings, music therapy, yoga training with separate cabins for Sunanda, her colleagues and the accountant. There was a special ward for residential patients. As compared to other de-addiction and rehabilitation centers which face a space crunch, we were much better off.

Another benefit was our proximity to the Yerawada Mental hospital campus. We were safe and secure located inside the campus and hence inaccessible to anti-social elements whose presence is a deterrent to the treatment of drug addicts. I have known of rehabilitation centers in rented accommodation situated in the heart of the metropolitan buzz. That increases the possibility of the strong presence of drug peddlers in the neighborhood. These peddlers and traffickers can spoil a successful de-addiction program; patients fail to respond to the best of therapies if they are distracted by negative forces.

One of the reasons for Muktangan's survival was the 100 percent honest staff which did not allow the entry of drugs into the premises. The least one can expect in such rehabilitation centers is the prohibition of drugs. The centers in J. J. hospital and the Thane mental hospital were unable to ensure a basic drug-free climate; naturally, they soon closed down. The reason for Muktangan's success was its peculiar make up. It was a marriage of a government set-up and a voluntary organization. Sunanda's disciplinarian presence, in both the mental hospital as well as Muktangan also

made a difference.

The then Maharahstra Chief Minister Sharad Pawar was chief guest at one of our annual functions. He made us a fantastic offer. "I will grant you permission to start a branch of Muktangan at every civil hospital in the district headquarter. Your branches will run in the existing set-ups all over Maharashtra." We did not accept this offer. We knew the challenges we faced in running Muktangan and keeping it protected from peddlers and other negative elements. We could not have handled more than what we had already undertaken. Later, on another occasion, the CM offered, "What are your specific needs? Tell me what do you want?"

I was a bit confused. "Well we have everything."

He persisted, "Do you need any equipment?"

I said, "Not really. We need well-meaning volunteers. But such workers are brought up and trained in Muktangan."

When I spoke about this exchange to my friends, they were appalled, "Oh my god. You let that opportunity go. The Lord of Wealth stood in front of you and you pesky fool; you couldn't make the most of it." It was not that Muktangan did not need any financial support. There were difficult times when I recalled the CM's words. But come to think of it, Muktangan's needs were not just monetary. One can do without other resources, but one cannot do without good human resources. We were always lucky to have sincere and honest workers. These workers had tarnished, criminal pasts, but they transformed into a great team in Muktangan.

Many did not approve of our ways, our work ethics and principles. They felt we were not willing to take on bigger things and choose to remain ensconced in a small world. But I am reminded of British economist E F Schumacher whose collection of essays titled "Small is Beautiful" makes a strong case for small and appropriate initiatives that are believed to empower people more, in contrast with "bigger is better" projects.

In character with our Pune mindset, which takes pride in not replicating successful experiments, we did not open numerous branches of Muktangan. But we shared our experiences, our culture and insights willingly with other organizations. For instance, Ravi

Padhye, a one-time addict, now runs a rehabilitation center in Nagpur. Many of his core members had earlier been treated in Muktangan. Similarly, Abay Bang, a social activist working on community health in the tribal Gadchiroli district of Maharashtra, started a de-addiction center with the help of volunteers from Muktangan. Abhay's center is doing very well now, having evolved its own corrective methodologies, taking into account the tribal milieu it caters to. We have helped another rehabilitation center in Satara which is run by Shaila and Narendra Dabholkar. I remember filling up the grant application forms for them. We are happy to give our expertise; and also happy that we did not hastily open branches all over the state. As I said earlier, we are the monitoring agency (RRTS) for other de-addiction centers in Western India. That gives us ample scope for sharing our resources and views.

When I look back I wonder about our journey. Some of our staffers were worried when a very similar rehabilitation center opened in Pune. My colleagues feared that the new center would rob us of our patients. But I reassured them that another drug de-addiction center would be welcome, especially since Pune's growing population needs such centers. Someone informed me that Muktangan's patients were being lured away to the other hospitals in the midst of ongoing treatment. I had another explanation for this, "If the patient recovers in another hospital, we should be happy. We can do our bit and leave the rest." I told my staffers that Muktangan should not compete with any other hospital. "Even if new centers come up, we compete only with ourselves." I know there are few takers for this theory.

Until Sunanda was alive, Muktangan had no problem with the Yerawada Mental Hospital authorities. But things just changed thereafter. The immediate reason was a court case slapped on the hospital administration. The Mumbai High Court later ordered an inspection of all mental hospitals. When the inspection committee members visited the mental hospital, they also toured Muktangan. The report of the inquiry made note of several anomalies in the mental hospital set-up. However it was stated that: "The only bright spot in this campus is Muktangan." The administration felt

threatened and did not receive this positively. They started making life difficult for us. Though we were relatively independent in terms of resources and equipment, we were using their main access routes. Very often our after-care patients, who returned to the campus very late from their work places, were stopped at the main gate. The superintendent (who was Sunanda's student and very friendly with us at one point) created newer points of conflict. I have already mentioned how we were asked to pay Rs 27 lakh as rent to the main hospital. The superintendent was a signatory to that letter. She actively sought ways of trapping Muktangan into controversial situations. Our offence was just that some report had perceived us as a "bright spot."

Finally, we decided to leave the hospital premises. We were told by friends not to relinquish our claim over such a huge building. But Sunanda was no longer in this world; and we did not want to waste our energies in a series of conflicts with the management. It was not worth it; neither was the stay pleasant any more. Thankfully, we had our new premises when we decided to relocate.

The Yerawada Mental Hospital had been a second home to us for many years. We had lived on the campus when Sunanda started her service there. Our daughters were born there. They grew up on the campus. Our house was a few yards away from the hospital and the campus seemed like our backyard. After Muktangan started, we spent around 15 years in this building. Our emotional attachment should have made it very difficult for us to leave the premises, but we were eager to leave, unable to cope with the unfair treatment and unpleasantness dealt out to us.

The road to our new premises passes the mental hospital. But not once have I felt like taking a detour to see the old building. Humane exchanges lend life, meaning and significance to brick and mortar structures; bad vibes can permanently erase these structures and spaces from human memory.

My smile : My right

The patients in Muktangan were Sunanda's sons; their wives were my daughters. Just as some children are closer to the mother and some to the father, we had our favorites too. I am fortunate that these daughters take good care of me, more so after Sunanda's death.

Once such a daughter of ours came to us very early in the morning; she had a rose in her hand. I was surprised, but also a little anxious because women came to us with stories of marital discord. But she was smiling. Her husband, who had been an addict, had remained sober for a year. I asked her, "So you got a rose for yourself?"

She said, "Yes it was my birthday yesterday."

"Great. Belated greetings for your birthday," I wished her.

She told me, "This rose was given by my husband." Then she added something that startled me. "Although we have been married for 15 years, this is the first time he has given me a gift." I was touched by her remark. Our patient had finally recovered from alcoholism and expressed his feelings for his wife. It was as though a dead tree had shown some signs of greening after years of bareness. I was happy about this sign of normalcy in a person who had created so many problems for his wife. She had dealt with his foul language, beatings, aspersions on her character and many other monstrosities. But the gift of a flower had brought a new meaning to her life. It felt good to know how little was needed to keep the woman happy!

When women narrate their stories to me, I realize that they are basically seeking words of appreciation and warmth at the end of a day's hard work. Sadly, they rarely get to hear what they yearn for.

Men tend to omit those much-needed words. Some husbands feel for their wives; but possibly their male egos stop them from saying things aloud. That's why when our male patients leave Muktangan, I ask them about their future plans. When I don't get to hear anything specific in relation to their wives, I often suggest, "Surprise her by cleaning the kitchen utensils, just as you uncomplainingly did your duties in Muktangan. In any case, your kitchen utensils will be much smaller in size than the ones you cleaned over here." They laugh. But these husbands need to actually demonstrate that they are truly changed. Doing these small household chores is one way of showing the change. They should realize that the quality of family life will change for the better if they set aside their egos. I think it is difficult for a husband to accept an equal partnership with his wife. I find that this inequality between the sexes is peculiar to the Indian culture. It is less evident in western countries. Authoritarian husbands are usually divorced by their wives in foreign cultures.

In our drug abuse prevention work, we often witness that the addict's behavior causes marital discord. Lack of harmony in family relations further worsens the addict's mental state. In order to lead a normal peaceful life, it is advisable for the patient to repair familial bonds and make peace with people who were hurt earlier. The families of these patients should also take care not to incite the patient. Our friends in Muktangan have come up with a perceptive skit on the importance of family bonds in a patient's mental stability. The skit shows two different situations; one in which the family members taunt the patient about his de-addiction; the other in which the family stands by the patient and assures him full support in keeping himself away from drugs or alcohol. It urges the parents, who come to us for their weekly meetings, to handle the situation with necessary sensitivity.

Sunanda had a talent for sorting out domestic issues. Usually girls' parents approached us with a common complaint. "This boy did not tell us about his addiction at the time of marriage. He cheated us and spoiled our daughter's life." The boy's side had their version: "Just like many others do, our son indulged in some spirits

socially. But he was not an alcoholic. After this girl married him, there were too many tiffs in our house. He lost his peace of mind and took to drinking." Each side would be adamant and unwilling to acknowledge the other's point of view. Sunanda used to find a way out in this war of words. She would hold a common meeting of all people involved. After giving each one a chance to articulate his or her side, she would say, "Yes you have problems, but everybody agrees that the patient should be freed from this addiction. If you do agree, then let's look for ways in which he will recover." She would specifically warn people not to mouth certain hurtful words. The meetings would end on a very positive note; often the so-called rivals would hug each other in her presence. I asked one of them, "Didn't you realize this earlier?" The person replied, "We were never brought under one roof by anyone before. Trapped in our egos, we did not realize our love for each other." These instances showed that families did not suffer from a fundamental discord; they were just not mindful of the need to sort out issues more reasonably.

Muktangan laid great emphasis on humane treatment of patients, irrespective of how they had been treated by their own relatives. Even if we did not find any attitudinal change in the patients' families, we continued with our sympathetic approach. To give an instance, a friend of ours frequently returned to Muktangan after every fight with his father. His differences with his father resulted in his taking recourse to drugs. That would bring him back to us. Ultimately, Sunanda asked him to write down the exact sequence of the arguments. He was amused at this task of jotting down the arguments in the form of a lengthy dialogue. Sunanda said, 'It shouldn't be difficult because you have gone through this again and again." After he wrote down the exact sentences that were spoken, Sunanda read them aloud during a common meeting with other patients. Everybody was asked to pinpoint the exact point where the argument could have ended. Each one had a different take. As everyone contributed their bit, the patient learnt a lot, and so did the participants.

Those listening to this exchange realized the importance of

words like: "I am sorry" and "I am accepting my defeat. Please forgive me." Usually these words are mouthed hesitatingly. But they form effective ways of addressing personality clashes, more so when a patient is afflicted by an addiction. If those close to the patient are able to control their rage, they will be helping the patient to manage his emotions.

We often feel that an individual is the smallest unit of the human race. But the smallest functional unit is actually the family; not the single individual. The family shapes and protects an individual. It has the capacity to adjust to the anomalies that erupt in individual behavior. Muktangan is also an extended family, a cluster of many family units that are bound by love.

Sunanda laid strong emphasis on marital harmony. She held monthly meetings of married couples at the Narayanpeth counseling center. There were times when certain couples volunteered their homes for such meetings. Though these homes were small, it was a warm feeling to cozy up in these informal settings. Not just the people of that house, but the entire neighborhood contributed to the success of the meeting. It was rewarding to see other women helping the lady of the house in the kitchen.

These meetings provided many insights. Many seemingly innocent scenarios emerged as the causes of major social problems. Everything was discussed threadbare. Interesting is the case of a general store owner who lived in an adjacent one-room tenement. His young and resourceful wife looked after the home front. At one meeting she said: "He never talks to me. Even if I ask him something, he shrugs me aside."

When I asked him the reason, he said: "What do I talk about with this illiterate woman?"

The others at the meeting came down heavily on him. They tore him apart for his sexist remark. Another patient's wife asked him, "Do you ever take her out to see the world around?"

The man said, "Of course not. We don't do such scandalous things in our Marwari (belonging to the northern Indian state of Rajasthan) community."

A friend said, "You say she is not smart enough to be spoken to, and you don't even take her out for a walk. She will remain illiterate. How do you expect her to improve?"

Another friend said, "You think you are smarter than her. Then why did you get addicted to alcohol?" After the prolonged meeting, it was decided that both would go out for a stroll every day.

The husband was reluctant, "Do you know that the whole lane will look at us once we start walking?"

The others responded, "Let them do it. They will do it for a day or two. Who has the time for this every day?" The couple started walking out together in the evenings. I am sure that this must have relieved them of many tensions. It was their rightful time together.

At one of the meetings, Sunanda posed an interesting question to the couples present. "How many times and why did you people clash over an issue?" There was great excitement and women were eager to speak their minds. One couple was asked to relate the latest argument. The husband said, "I lose my temper when I hear irritating details from her as soon as I step into our home. I come back tired and this is the last thing I want." The woman said, "I slog the whole day. Earlier, people held me responsible for his alcohol addiction. Now that he is fine, he rakes up old issues. I have my own set of worries... children, studies, cooking, etc. To whom do I tell everything? I can't resist talking to him."

A friend butted in, "Is there a restaurant near your home?"

Without quite understanding the intent behind the question, the husband said, "Yes there is one."

"Then do one thing. Go to that restaurant. Wash your face; freshen up. Have tea over there and come home to give a patient hearing to your wife. Is that possible?"

"Yes, it's possible," the husband replied.

The women in the room then advised the wife, "Don't pounce on your husband as soon as he comes home. Tell him all these things when you go out for a walk after dinner. He will give you his attention."

Everybody applauded the mutually agreeable solution.

A friend once told me, "Baba, the women really look forward to

the couples' meetings on Saturdays. They come armed and loaded with logic." That was true because our presence made them bold and forthright. They felt fearless. It was also a rule that the issues raised at the meetings would not be discussed at home; and if they happen to crop up in home conversations, that would again become a topic for the next meeting. The women felt relieved about not being pulled up at home after these candid discussions.

There were times when we discussed the issue of raising children. The hot topic would be; "How does one get the children to study well?" We shared our parenting experiences with the couples, mostly our lack of insistence on academic ranking. We wanted our daughters to excel as human beings rather than merely as students gaining high percentages. The men at these meetings greatly appreciated our stance, because they felt that their wives gave too much importance to their children's academic performance. In one of the meetings, a woman said, "Whenever my husband attends to the kid's school lessons, he makes a big noise and sometimes beats up the child. My kid in fact said he preferred it when papa came home drunk and went to sleep immediately." Everybody laughed. We told them how to inject fun and games into the study time; we also suggested that parents should read the school subjects much in advance. To this one parent commented in jest, "Oh that's dangerous, I might be exposed." We had a good time speculating about that possibility.

Role playing was another therapy we tried with married couples, allowing the husband and wife to play each other's characters. Women just poured themselves into the roles of their addicted and alcoholic husbands. They enacted exactly what their husbands did when they came home drunk. Kicking the door open (all indicated by mime) the women would use bad words and the husband would urge them to maintain decorum. These enactments were a source of entertainment as well as education. The man realized how much effort it was for the wife to live a normal life. A young boy once admitted that the role playing helped him to understand his mother's predicament.

We met quite a few women of substance in these meetings. In

relation to their husbands, they really stood out as strong personalities who were ready to start life afresh, despite the horrible past. There were women who had walked out on their husbands and divorced the addicted and violent men in their lives. But there were many who responded to our letters when their husbands were admitted in Muktangan. They showed readiness to return and also came to meet the patient in our premises. We were amazed by their tolerance and also their capacity to forgive and forget. A living example was Rajaram's wife Medha who left him after realizing the extent of his dependence on alcohol. Medha went to live with her mother. Thankfully, she had a secure government job. But when Sunanda informed her about Rajaram being on the road to recovery, she responded immediately. Despite opposition from her mother, she left her job and came to live with her reformed husband. There is an interesting anecdote about his homecoming. When the de-addicted Rajaram went home after spending a month in Muktangan, he felt very uneasy. Longing for the food served in Muktangan, he went there without informing his folks. Later, Sunanda called up his family to reassure them of his safety. Rajaram was not just sober but also a great help in Muktangan. He worked as Sunanda's driver, then kitchen in-charge and later as a counselor. He was Sunanda's favorite boy, also very helpful to others. Constantly on the move, he never ever sat down to relax. He was a mediator in many everyday squabbles; an expert at taking the blame on himself. He was very good in counseling difficult patients, especially those who were homesick and wanted to return before the treatment was completed. Rajaram had devised his own therapies and methodologies.

After a few years of medical treatment Rajaram and Medha had a daughter. She was named Mudra and she is our favorite grandchild. We were there when she was born. Sunanda used to write letters to Rajaram on his birthday. She wrote to him even when she was ill. These letters are now Rajaram's precious treasure.

As I mentioned earlier, Muktangan brought us into contact with several strong women. One such was Keshav Atpalkar's wife. The family lived in a chawl in the eastern side of Pune. Keshav's wife

realized her husband's problem after their marriage. She could not have gone back to her father's far-off poverty-stricken village home, but she decided to take the reins into her hands. Seeking financial stability, she hired a sewing machine and started making purses for the larger stores in Tulsibaug. Her mother-in-law and sister-in-law, who resided in the same house, appreciated her entrepreneurial spirit and began helping her in purse making. In the next few years, she gave birth to three children. Her husband continued his alcohol addiction; but she persevered and kept the children unaffected. Realizing her daughters' aptitude, she enrolled them in a dance class. Later, these little girls performed not just in Muktangan, but were invited to perform in other religious and social functions in the neighborhood.

When she came to know about Muktangan, she had her husband admitted immediately. Ever since the husband came here, he has remained sober for the last 17 years. He had the habit of writing a daily dairy. He took the autographs of most staffers who saw his diary. That was one 'addiction' he continues to lives with. I loved both his daughters. They came to my home with their school report cards and sweets for me. I often said to their mother, "Why don't you give me one of these two girls?" She would reply jokingly, "You can't get just one; you will have to take both. And of course their mother, father, aunt, grandmother and everyone at home will follow!" When I showed readiness to do that, she would add, "We are yours anyway." Everybody around would have a good laugh.

This lady had not even completed the pre-primary class. She was raised in a far-off village in utter poverty, but her wisdom was matchless. Any other woman in her place wouldn't have been able to pull it off so well. But she showed dynamism of a different kind. She didn't pick quarrels at home; nor did she ever compromise about the children's future. I find her really impressive.

It is commendable that the patients in Muktangan, our children as we call them, help each other in moments of crisis. When we hear stories of their cooperation, we automatically admire their attitude. I am reminded in particular of an interesting anecdote concerning an addict's wife, Gauri. She received an invitation from her brother-

in-law for the inauguration of a business which he had started. Gauri began to worry as soon as she saw the invitation and could not concentrate on her work. She was reminded of the fact that her addict husband, a much more intelligent man, was not doing well in life. In fact, he had borne huge business losses. Negative thoughts clouded her mind and she decided to unburden herself to a friend. This friend advised Gauri to visit the brother-in-law and congratulate him, giving him sweets. "Don't think too much. Just buy a kilo of pedas and meet your brother-in-law." Gauri followed the advice and her brother-in-law was only too happy to meet her. "I need you and my brother to witness my success. Otherwise it will be of little use for me!" he said. It was a beautiful emotional reunion.

I was happy to hear of this episode; happier to know that the friend had given positive advice. Realizing the negativity in Gauri's mind, the friend had nipped it in the bud. There were enough reasons for Gauri's frustration and depression, but the friend did not want those negative thoughts to grow. Instead, she wanted Gauri to accept the truth and be hopeful of the future.

Such informal social exchanges between patients and their families led to the creation of a group of friends who would help each other in times of need. It was Sunanda's dream to form such a group for women. Our daughter Mukta made this dream a reality during Sunanda's lifetime. That brings me to the subject of Mukta. I want to share some aspects of her personality not because she is my daughter but because she deserves mention. Mukta did her masters in clinical psychology, standing first in the Pune University not just in her subject, but scoring the highest percentage in all the post-graduate disciplines. She was honored with the governor's medal. Her senior professor advised her to do a doctoral thesis. Most people foresaw that Mukta could have secured a lecturer's job after the PhD and would have become department head at a very young age.

After mulling over the choice of subject for her doctoral thesis, Mukta chose something that was close to Muktangan: Drug and Alcohol Relapse Prevention. She had to finish it as per a deadline;

she was also assured of a scholarship. She began to attend the counseling sessions that Sunanda had with addicts. She would listen attentively to the patients. That was in the year 1993 when Sunanda was undergoing cancer treatment. Mukta decided to abandon her doctorate plans. She said that Muktangan would give her life experience which was far more valuable than a PhD degree.

We never ever foisted academic decisions on our daughters. Mukta had always wanted to start a school. That was her dream and we always visualized her doing that. But she got naturally drawn to Muktangan after her post-graduation. People presume that Muktangan was named after her. But, as I have told you, that we chose this name in another context. Mukta was born 15 years before Muktangan started. It is also presumed that Mukta was specially nurtured and trained to be the second generation administrator for our rehabilitation center. But that's not true at all. Our daughters were given full freedom of choice. They weren't even compelled to take on primary education, leave aside later vocations. Mukta would have done well for herself as head of a department drawing a high salary. But it is commendable that she didn't want that kind of secure and staid life. I knew she was a woman with an independent mind who made her own decisions. Her principles and values were clear to me early in her life. She had slammed the door on a neighbor who brought her the leaked question paper in the 12th standard exam, categorically refusing to even look at it.

After Sunanda's death, Muktangan survived only because of Mukta. Undoubtedly, there was a devoted staff; besides, help was readily available from Anand and me. But she was gladly accepted by others. I doubt if anyone else would have been similarly welcomed by the staff. Mukta's heart is in the right place. She has genuine warmth for the patients. But she also has the acumen that is needed to run an institution. Sunanda had a similar combination of attributes. I am happy that Mukta has inherited her legacy.

Mukta started a separate group for women friends, especially wives of alcohol and drug addicts. We wondered why such a grouping was needed. But while women were more articulate in the meetings of married couples, this was a special area in which

women could speak aloud about things that could not be shared in the larger group. Mukta and I attended many such meetings. The younger wives always looked forward to my presence. They loved to listen to me about the differences I had with Sunanda and the way in which we rose above them in our early married life. They continue to enjoy hearing about it even now. We have lots of fun; we sing community songs as well. In fact some of our male patients complained to me, "You have pampered our women. They silence us by citing your example in our conversations at home."

In the Alcoholics Anonymous group, there is an Al-Anon group which takes care of the spouses of addicts. These members do not give mere directions or advice. They share their personal experiences and stories, and invite other women members to "take what they like and leave the rest"—that is, to determine for themselves what lessons they could apply to their own lives. The group also believes in self-correction. They feel that drug abuse or alcohol addiction cannot be addressed only by blaming the husbands. The idea is to look inward and free the mind from tensions and the social stigma associated with addiction. Mukta's 'Sahchari' (female companion in Marathi) group also imbues the same principles; women share and begin to understand how much they have in common with others affected by someone's alcoholism regardless of the specific details of each personal situation. They also discuss other topics of common interest, including home budget management; modest unostentatious festival celebrations, etc.

After we shifted to the new building, this group of women took on the sub-contract for making chapattis for Muktangan's patients. They took care of the chapatti department, while the other patients did the rest of the cooking. The group has now become more enterprising. They sell pickles, chutnies, lunch packs and cooking ingredients to many companies in Pune.

Once I was stepping out of Muktangan with a friend who had come to see our rehabilitation center. The women from the Sahchari group started teasing me. I told my friend, "Look at their loud laughter. These very women had once cried copiously over their

husbands' addiction."

One of them reacted to my statement, "Baba, my husband continues to drink, but I have decided not to allow that to affect my smile, my smile is under my control."

I was taken aback by her wise words. The Sahchari group had taught her not to cry over her problems. Problems remain problems until they are sorted out at some stage, but why lose one's cool over them. That was Sunanda's view of life; her attitude. I am happy our daughters have taken her message forward. Even 14 years after her death, Sunanda's philosophy resonates in Muktangan.

We also deal with children's issues in Muktangan. Women are directly affected by their husbands' addiction, but children also bear the brunt. Women can alleviate their burden by talking to other women, relatives and parents, but children have to bear with it silently. Growing up in a home where a parent has a drinking problem is difficult. Very often having an abusive addicted father is worse than being fatherless. To see a father making a scene in the neighborhood has a detrimental impact on an impressionable mind.

We decided to address the problems of these affected children, who were in fact more difficult to counsel than their mothers. We realized that children needed to overcome the impact of those early onslaughts, more so if they have faced domestic violence and aggression. We had to be careful in this task because we were not sure if this would be tolerated by the children. We feared that our counseling could lead to further emotional turbulence in their minds.

The reaction of one affected child was very touching. He said, "Why can't I have a home like my neighbor's?" The bitter reality of his life was underlined in that cryptic question. Naturally, the child did not have the ability to protest against his father's drunken brawls. He couldn't articulate his insecurity about those horrific nights when his father came home drunk. But the child had the capacity to notice the difference between his home and the neighbor's home. He knew what was wrong in his house. I am not sure whether this boy was envious of other children in the neighborhood. Did they include him in their games? Or did they shun him?

In the initial years of Muktangan, litterateur P L and his wife Sunitabai attended the inaugural day functions. Once they also brought Chief Minister Sharad Pawar with them. The poignant speech of a 12-year-old girl had moved all the dignitaries present. Delineating a 'then and now' scenario, she said, "I could not invite my friends home when my father was under the spell of alcohol. But now we all play together in our house; we study together too. Earlier, I feared my father's homecoming; now I wait for him eagerly." Addressing the addicts present in the gathering, she said, "Since you drink, your folks taunt you at home and do not speak to you in a pleasant tone. You must have concluded that nobody likes you. But my dear uncles, let me tell you that we like you a lot..."

PL had tears in his eyes; as is evident in the video footage. He said later, "Oh what a sweet child; how wise! What wrong has she done to deserve such a childhood?" Sharad Pawar, a seasoned thick skinned politician, was also affected by her words. Litterateur and legislator N D Mahanor later told me that Pawar made a mention of the little girl in every public meeting during the next week. "Don't bring your children to that situation in life," he had said.

I found that the children of alcoholics and drug addicts were more vulnerable than their wives. I had heard these wives, whom I call my daughters. I had heard many heart-wrenching stories. But the children's sagas were even more difficult to handle. Whether the children hailed from poor or from elite backgrounds, their inner turmoil and conflict was exhausting.

Some children are permanently etched in my consciousness. I recall a third standard child who was old enough to be in the seventh standard. But his father's addiction affected his academic studies and he failed in the primary classes. He stayed with his mother and a younger sister. Unable to cope with her husband's addiction, she had severed ties with him. While the little daughter was too young to be affected, the boy could not handle the pressure. His school teachers were unhappy with his lack of progress. They coaxed his mother to put him in a school for slow learners. The mother didn't know what was in the child's best interest.

The boy was schooling at a reputed English medium school in Pune. But the school's punishment for those who did not do homework was ghastly! Students would encircle the defaulter and sing aloud, "He is a bad boy! He is a bad boy!" The teacher, an unimaginably difficult lady, asked this boy to wear a girl's dress next day as punishment. Had she given the boy a patient hearing, she would have realized the dire conditions in which he survived. His father would come home drunk and pick fights with his mother and the neighbors would complain about the commotion. The child should have been treated with utmost sympathy. His emotional scars were beyond words. He recalled one instance when the father was staying away from the family. The son naturally missed the father, and vice versa. The alcoholic father often came to see the children at school. He could be seen from the class window -- standing outside the gate hoping to meet the boy during the recess. Looking at the man in tattered and soiled clothes, the other kids would tease the child and say, "Go meet your dad!" The child would die of shame.

When Sunanda and I spoke to the father and the son, I pondered over the child's misery. I went to the school to meet his teacher. But that stubborn lady would not budge an inch. I had to approach the headmistress, who mercifully said she would intervene and ask the teacher to go easy on the child. But the headmistress too felt that the boy should be shifted to a school for slow learners. "He will not be able to cope with our discipline." But I requested her that since his father had been admitted to Muktangan, she should allow him to continue for one year and take a decision later according to his progress. The headmistress was willing to do so.

Meanwhile, the boy's father recovered from his addiction and started working at Muktangan. His etiquette, English skills and corporate appearance helped him in doing a lot of Muktangan's communication work with other companies and offices. He was a convincing talker and hence successful in the re-induction of many of our patients who had lost their jobs because of their addiction. However, these skills did not help him in winning back his wife. She stayed apart for a long time; but there was some semblance of

harmony in the home. The boy also passed with reasonable 55 percent marks. We were more than thrilled. For us this score was extraordinary, a battle won against many odds.

While some children sulked because of the addiction of their fathers, others became toughened in the school of life. I remember a Mumbai-based family in which the mother decided to live separately with the children. But the 12-year-old boy refused to leave his father. "This is the time when dad needs us most. I will remain by his side, if you want to leave, you can," the seventh standard boy clarified. There was another instance when the mother immolated herself because of the husband's addiction. The son took charge of the situation and brought the father to Muktangan for treatment. I did not have words to appreciate the boy's unmatched presence of mind. This was his age to play and have fun. It was his time to throw tantrums and make demands on his parents. But his situation was so different. He had matured much before his time. Though such maturity was unnatural for that age, I would prefer such premature adulthood as against any negative response.

I had heard of the high rate of alcoholism amongst the children of alcoholics. I had also read about a statistical study of such children vis-à-vis the rest of the population. But I was convinced about this demographic fact when I met these children personally. I was told that these children grow up hating their violent alcoholic fathers. Often they display a firm resolve never to touch alcohol. But they are introduced to alcohol while they are growing up and before they know it, they become addicted. One boy recalled how he rejoiced when he received his first salary. He was reminded of his father's behavior and he unconsciously followed his footsteps. When the totally drunk boy came home, his mother's misery knew no bounds. There are many women who first battle with their husbands' addiction and later have to put up with the sons'. This lot is indeed pathetic because they have no hope for the alcoholics in the family as they are not aware of avenues of treatment. It's not unusual to see the effects of alcoholism in three generations, where grandparents, parents and children are all affected by drinking.

It was difficult for us to address the complex mental states of children of alcoholics and drug addicts. They couldn't be counseled like the other adults. Therefore we decided to do something different for them, in our group named Ankur, which means sapling in Marathi. We thought of bringing joy and laughter into their lives. Summer workshops were devised for them by our veteran volunteer-cum-actor Bandhu. He also encouraged the children to decorate the walls of Muktangan with colorful paper. The passageway and gate were also decorated by the children. Origami, singing, pottery and painting... children became so creatively engaged in these activities that it brought tears of joy to our eyes.

We did not read too much into their paintings; did not try to see if their mental dilemmas were reflected into those works of art. We wanted to entertain the children without asking them any questions -- the answers to all questions were known to us anyway. We were happy to give them moments of unalloyed joy. They would have to pick up the pieces of their lives thereafter. Our summer workshops had given them an opportunity to find friends. They knew they were in safe company where no one teased them about their alcoholic fathers. We were happy to include them in our large family of friends. These children became regular visitors to Muktangan for events like the Republic Day or our anniversary functions, not to forget Diwali.

Children have great fun whenever they assemble outside the main hall for these events. The formal function goes on inside and there is informal tomfoolery outside the hall. We want it exactly that way.

Project Move : A new premise

As I recount the Muktangan story, I feel like changing track and moving to newer sub-plots. I am sure you too will appreciate the change. This book is essentially a mix of good and bad memories, which naturally affect me. I therefore have my way of revisiting the past. I now intend to talk about the new premises that Muktangan shifted to. We never thought this would be a possibility; we were not even yearning for a new office. We were quite happy being part of the sprawling Yerawada Mental Hospital set-up, paying a nominal rent for that piece of land. Since Sunanda was alive during that period, the problems of the mental hospital set-up did not seem very daunting. Things changed later though.

Something rather unimaginably good happened before we got the new place. It is said that things move faster when you meet a decent, well-meaning officer in any system. I happened to meet one such officer – Ashok Kalamkar, deputy commissioner in the Pune Municipal Corporation. Ashok later became very close to me; so did his daughter Prajakta. We bonded well as a family. Ashok was instrumental in getting us a piece of land for Muktangan. Land is more precious than gold in our country.

The Union Social Welfare department sent a scheme to all states granting them permission to allot premises to organizations in the field of drug abuse prevention. The union government was ready to give a grant up to Rs 10 lakh for the new premises. The notice came first to the state urban development ministry, since the scheme pertained to drug prevention centers and organizations in cities. The letter then traveled to the Pune Municipal Corporation. After some days, it ultimately landed on the table of Ashok Kalamkar, who was looking after the urban slum development program. As soon as he

read the contents, he sent two of his officials to meet me.

I fondly remember my first meeting with Ashok. He was a rarity I could not help admiring. Smiling and pleasant mannered, Ashok was an exceptional government officer. His office was overseeing many projects. He was a very busy person who was not expected to go out of his way to help us get the benefit of a government scheme. But Ashok was a hard working person who had devoted himself to varied social schemes -- opening pre-primary schools in slum areas, forming self-help groups for women, providing vocational guidance to unemployed youth, etc. Despite his work load, the burden did not show on his happy face. His office was also neat, clean and bright – full of pictures and computers.

Ashok asked, "Do you want land?"

This question had been posed to me earlier, to which I had not responded in the affirmative. But this time, I nodded in instant agreement. Sunanda was a little surprised by my spontaneous reaction. "Why do we need land?" she queried. I told her, "Let's take it; we will decide how to use it later." We spotted a green leveled plot of land near the Salisbury Park area. It was indeed a prime plot that would have attracted anyone. However, we realized that it had been reserved for a public garden. The land acquisition authorities suggested that we build our institute on half the plot and develop a public garden on the other half. However, Ashok did not permit that. He said such violations could later hamper Muktangan's work. Arguing against any such compromises, he told the people who were ready to 'straighten' the records, "These are genuine people pursuing a genuine cause. They should get their due in a perfectly legal way."

Later we saw the plot that was to become the new Muktangan. At the outset, it was not a very scenic place. A rusted broken fence, mounds of litter, pigs and cattle grazing in the compound -- this was the pathetic condition of the plot. It was also being used as an open air toilet by people of the neighborhood. But the silver lining was that it was only a kilometer away from Muktangan's old premises. We struggled to get it in our name for a long time and finally succeeded, thanks to the co-operation given by the three municipal

commissioners who served their tenures during that period. The third commissioner in fact signed the documents on his final day in office. The proposal then went to the standing committee and was delayed there as well.

Since I had worked in different social organizations, I was to some extent aware of the ways of the political world. But Ashok gave me special insights. He knew whom to approach and guided me well. We faced severe opposition from the municipal councilor of our area who wanted to build a municipal hospital on that plot, although there was an existing hospital near the place which did not have many patients. The councilor was a Dalit * and involved in many social movements. We knew each other very well, but he was being difficult. Ashok suggested a solution, "Let's visit him at his place. Maybe that will have an impact on his mind." Ashok was right. Our meeting at his house in the Dalit area resulted in his agreeing to the Muktangan project.

However, that was just the beginning of our work. Sunanda got together a special team of volunteers to clean the land. The rusted fence was repaired; garbage and debris was removed. As per a well-wisher's suggestion, we decided to build a shed on the plot as a vacant plot could have attracted encroachers. I remembered my friend Arun Deshpande, innovator in applied technology, who had built beautiful geodesic domes made of angled iron rods. A batch of 10 volunteers went to Ankoli, near Solapur, where Arun trained them in dome construction. They came back and built a dome in exactly two-and-a-half hours. Dismantling and raising the dome became a plesant pastime. The dome making technique was later imparted to other volunteers. Soon our dome was covered and cemented with an iron net.

This dome stood as the singular piece of architecture on the entire plot for a long time. The person guarding it was called the dome guard in jest. Things moved slowly. But when the mental

* **Dalit**, also called Outcaste, is a designation for a group of people traditionally regarded as of untouchables. Dalits are a mixed population of numerous caste groups all over India. While the caste system has been abolished under the Indian Constitution, there are laws to protect this vulnerable section.

hospital management began to trouble us, our staff showed a desperate hurry to shift to the new site. That was not an immediate possibility as a single dome was no answer to our accommodation problems. We needed a building, and for that we needed funding. Where was the money for the construction?

A pleasant surprise awaited us. My friend Arun Ghate introduced me to a secretary in the state headquarters. When he heard about my Muktangan credentials, he remarked, "Oh, so you are the person? Where were you, sir? A sum of Rs 15 lakh has come in your name from the Chief Minister's fund. I was looking for you!" I didn't know what to say. I had not applied for that funding. But we soon came to know that a patient's father, a reputed and straightforward member of the state legislative assembly, had attended to the application formalities on his own.

That development made me happy. I could now think of some construction activity. I happened to meet my Kolhapur-based friend Shirsh Beri, a world-renowned architect who chose to take on only specific projects. One of his designs had graced the Japanese government's architecture museum. I asked him for some inexpensive shed designs for our center. He showed a readiness to build the entire structure, but he couldn't have managed it with the Rs 15 lakh we had with us. Yet he asked me to start with the initial plans, while we raised funds from other sources. "Money will come. I know that funds come to social institutions once they take on a project."

With this assurance, I started dreaming of our new building. Our rehabilitation center was not meant to be a huge skyscraper; nor did we want a flashy structure. We wanted a simple and neat premise. Shirish spoke to all the inmates of Muktangan before deciding on the design. He asked, "What sort of a building do you need?" I answered immediately, "A secure set-up to prevent patients from running away; we don't want drugs or alcohol to be smuggled inside. And of course, we don't want it to look like a jail. The inmates should feel free and independent."

Shirish returned, this time with a plan. There were no straight-jacketed square structures. In the middle of a circular space was a

stage surrounded by tiered steps, like an open-to-sky amphitheatre. Radiating from the stage were the counselors' rooms. One could call out to anyone from any direction -- a seamless, friendly space. Flower beds lined the edges of the auditorium, facing the counselors' rooms. The open circular space was a crucial tool symbolizing open exchanges.

We were transported to heaven as soon as we saw the plan. We could visualize the building. We wanted to use stone for the construction. Our place was quite close to a stone quarry. I preferred stone because that did not need painting; also the dust would get washed away automatically whenever it rained. However, there was apprehension that the use of stone would make it resemble a prison. This equation is somewhat unfair because not just jails, even old temples in India are carved in stone. Shirish said stone is a natural, eco-friendly resource requiring relatively less energy for quarrying. In contrast, bricks necessitate erosion of the topsoil of farm land, and have to be further baked at a certain temperature. We decided to use a combination of stone and bricks – an outer facade built of stone resting on a minimal layer of bricks.

Sunanda was unable to witness this phase of construction. Her cancer treatment, took up a lot of her time, and she devoted all available time to her patients. I drove her to the construction site sometimes, but her fragile condition did not permit her to walk amid the gravel and rubble. Seated in the car, she would oversee the unfolding of Muktangan.

Initially, only the day care center was to be built. But as the pressure from the mental hospital started increasing, our plans for the new site were modified and Muktangan's multiple storied building took shape. The earlier budget of Rs 30 lakh shot up to Rs 50 lakh and later to Rs 90 lakh.

I am not very comfortable while asking for funding from anyone. I shy away from any such prospect. Friends have often coaxed me into doing it, saying this is not a personal demand. "You are not asking for yourself. It is for a social cause." My family of friends was large; and some of them were rich people. But I did not want to exploit my friendship, albeit for a good cause. In fact I

feared that friendships might be lost if I asked for favors.

A friend suggested a solution: Why not ask for funding from religious and social trusts, whose avowed aim is to help the public? So we applied for monetary assistance from the Siddhivinayak Temple Trust, Sai Baba Sansthan in Shirdi, Dorabji Tata Trust and Cummins India Trust. Each of them gave us Rs 5 lakh; the Sai Baba trust gave Rs 10 lakh because our volunteer Rajaram's father was a trustee.

Actor Nana Patekar came to the mental hospital for a film shoot. He visited Muktangan and saw Sunanda working despite her illness. He took her aside and said, "What can I do for you?" Sunanda just pointed out to the new Muktangan construction site. His producer later gave us a cheque for Rs 5 lakh. I am told Patekar would finalize his shooting dates only after the producers showed him the receipts for such donations. It was a pre-condition in his agreement to work with them. Another friend, Sadashiv Amrapurkar, gave Rs one lakh; so did Sunanda's childhood friend Jayashree Firodia. These cheques arrived at different stages.

The building was constructed by Hindustan Builders. Whenever I faced a resource crunch, I would tell the company's owner and my friend, Dilip Mehendale, "Please slow down. And stop when I ask you to. I don't want to be in your debt." Mehendale just smiled and said, "Of course we will get our money, even if you give it to me a little late. But that's okay; look at the design, the plan, and the beauty of it. It is our opportunity to work under an ace architect like Shirish Beri and it is precious to us."

An industrialist's manager visited our site. He liked the plan and the design instantly and asked me a very strange question, "If we give you a donation, will you rename the institute in the honor of my boss?"

What sort of question was this? I counter-questioned, "What about those who donated earlier? Will it be fair to other donors?"

The manager smiled and said, "What's the total cost?"

I said, "Rs 80 lakh."

"What if we are ready to take on the entire cost? Will you then name it after my boss?"

Imagine what I must have gone through after that question was thrown at me. The manager was obviously trying to tempt me. All sorts of thoughts crossed my mind in a fraction of a second. Should I agree and free the institute of its current financial problems? But why should I give the name of an unknown person to an institute that was so lovingly named Muktangan by P L Deshpande? "Sorry sir, it won't be possible" was my answer. The man left, visibly annoyed at my stubborn stance.

I dislike people who donate money with such ulterior motives. Donating for a public cause should be good enough; but why do they expect their names to be flashed? This is so common in India. Ahmednagar publicizes the names of the Sardas; the Damanis in Solapur and the Garwares in Pune. There are many examples. That reminds me of the donors and philanthropists in America who do not want favors in return. The Muir Woods National Monument is a living example of well-meaning large-hearted philanthropy. U.S. Congressman William Kent purchased over 600 acres of land from the Tamalpais Land and Water Company for a huge sum, with the aim of protecting the giant redwoods and the mountain above them. President Theodore Roosevelt later declared the land a national monument, the first to be created from land donated by a private individual. It was suggested that the monument be named after Kent, but he insisted that it be named after naturalist John Muir, whose environmental campaigns helped to establish the national park system in America. That is genuine philanthropy.

So we had raised up to Rs 40 lakh and were hoping for the rest. Where did we get the rest from? From our well wishers, friends who gave their hard earned money. This help was not solicited. We were lucky to get it. People came to know, through word of mouth, that Muktangan needed money for its new building. Some were told by patients, others got a hint of it. We were surprised that this 'rumor' spread like rapid fire and money flowed towards us. We didn't have to run after the moneyed, nor wait endlessly in the corridors of power. We could live with self-respect, and live up to the standards set by the late visionary leader Maharshi Karve, who worked for the cause of women's emancipation.

But we were facing tough times in those days. Colleagues in our umbrella organization FINGODAP expressed surprise at our financial crisis. "It shouldn't happen this way, this field of drug abuse prevention has lots of donors.. Look at that institute which got European funding."

I was a little wary of foreign funding. I think it brings in a lot of money, great office spaces and vehicles, but leads to unhealthy competition among colleagues. Common people tend to conclude that the organization is well-looked after and does not need local attention or monetary help, which puts an end to community participation. I didn't want that to happen.

But friends in the U.S. had always wanted to help. I could understand their genuine desire. Eventually, Muktanagn got the Fair Credit Reporting Act (FCRA) certification for receiving funds from foreign-based donors. We decided to accept individual donations from friends living abroad. But that was much after Sunanda had left this world.

People suggested that Muktangan should `utilize' the income tax exemption clause to its benefit. People seeking tax exemptions donate to social causes and Muktangan could make itself available for such deals. However, many experienced persons advised against it. They warned us that some donors use these donations to hoodwink the tax authorities. They take back a substantial amount of their contribution after getting the IT exemption, compelling the institution to fudge its receipts. We decided not to touch that avenue.

My friend Sadashiv Amrapurkar offered to get us support from his friends in the film world. Film stars would raise awareness about drug prevention in huge starry campaigns. I could not stomach the idea because most of the stars consumed liquor in real life. It would be hypocritical to take their help for a drug rehabilitation center. The popular film culture, some honorable exceptions notwithstanding, was a flashy affair which encouraged drug use and alcohol intake, a culture that stood in sharp contrast with Muktangan's values. So why launch such a filmy affair in expensive hotels and pay the liquor bills? It would have done more disservice to our cause.

When most options seem unworkable, where do social organizations go? I was troubled by that question. Should we stop dreaming about Muktangan? The answer was that such dreams are legitimate and justifiable. However, the dreamers should not assume that they will get white money from the endowed class. Our problem was that money flowing in the form of donations needed to be obtained in a legitimate way.

Yet Sunanda was hopeful. She always reiterated that solutions to our financial crisis would emerge from no other quarter than from our sincere and consistent work. Her mantra of 'continue working' helped me in difficult moments. She believed that people and society at large take notice of good projects and extend their support to such ventures. Her belief manifested in reality and people came forward to help build the new Muktangan.

The building was completed three years after Sunanda's death. We did not have a major inaugural function. It was a small, informal event, like the simple functions that Sunanda had organized. By then we had imbibed all her values and her dogged pursuit of simplicity. Anand interviewed both our friends – Ashok Kalamkar and Shirish Beri – at the main event. Shirish elaborated on the building plan. He told the audience that the new building encourages co-operation and co-existence; it upholds transparency; it cares for natural surroundings. "The space is flowing; never restricted or compartmentalized. No closed doors or barred zones here," Shirish explained the rationale behind his design.

Unlike Shirish, Ashok did not say much. He was too modest for that. He merely said he was happy to contribute to such a good social cause. Ashok was a great help and he continued to help even later. Whenever we had any work with the Pune municipal corporation, we would approach Ashok for help and advice.

Ashok was a workaholic. He worked hard against his doctor's advice. He had suffered one heart attack in the past. I recall telling him to take it easy. However, he continued with his super hectic work life. He once drew major flak from the municipal councilors. I asked him why and he told me, "They don't like my initiative in good work. They want me to approach them first and get their go

ahead. They say how can I do good things without keeping them informed?" I remember the smile on his face. I fondly remember my conversations with his wife and daughter Prajakta.

Then one day came the appalling news of his death. Prajakta called up to convey the news. I don't have words to express my feelings when I saw his dead body. After Arun Ghate, this was the second friend I had lost in rapid succession. Ashok was very dear to me. This friend of mine loved his work too much. His daughter later told me how much he neglected his health in the interest of his professional commitments. Such goodness and such a strong sense of duty!

One fine afternoon, as soon as the therapies were over, we decided to shift to the new building. Our volunteers began to transport the furniture and other movable assets. One patient helped by getting us the truck. Our team included patients who had been admitted for treatment and those who had recovered. Some of them carried things on their heads and started walking. It was a good chance for some of them to flee; but they did not do so.

When I went there in the evening to contribute my bit to 'project move,' they asked me to sit comfortably. I saw each one slogging. As I sat watching, I saw a huge stack of collapsible beds, mattresses, lockers, cupboards, tables -- a world unfolded in front of my eyes. These were all our belongings accumulated over the last 15 years.

The new Muktangan began to take shape; first the ward, then the kitchen, followed by the offices. To put it in Rajaram's words, "This activity was also a group therapy."

We were soon at home in the new building. Shirish had installed glass partitions in the patients' rooms and the library. Mukta was not very comfortable with these glass walls because our patients could have broken them during their fits of anger or excitement at the `withdrawal' stage. But Shirish said, "Let's wait for a year. If they do that we will substitute the glass with another sturdy material." Thankfully, that possibility did not arise. Two additional floors were added to our building later. An industrialist, who preferred anonymity, came forward to help us to start a special center for women. My U.S.-based friend Anil Deshpande contributed a

substantial share. Some of these developments took place much later.

Muktangan was shaped by many people, including my friends Sharad and Sucheta Tarde, who were ace sculptors. They installed a beautiful sculpture on the outer wall. Depicting a huge family, like that of Muktangan, its theme denotes peaceful co-existence. The sculpture has been often used as a backdrop for photo sessions. Many patients, who earlier express reservations over coming to Muktangan, show readiness to be admitted after they see the place. They are very happy to be part of such a positive and healthy environment – a welcoming sculpture, the amphitheatre and the warmth within.

Architecturally speaking, the building's inner design has utilitarian value. This aspect has been noted in many architecture journals. Shirish had written about this experiment – how a structural design can further the therapies advocated by Muktangan. We are lucky to experience the manifestation of the design in our daily life. I thank Shirish for Muktangan's open to the sky space, the fragrant flower beds which keep it serene. A huge crowd assembles in Muktangan's amphitheatre every Thursday, which is the visiting day for parents and relatives of the patients. Patients of all age groups are literally fed home cooked food by their folks. It is rewarding to see the older kids being cuddled and pampered by their dear ones. The patients and their relatives often burst into tears, even those watching them have moist eyes.

Every method or therapy is reasoned out in Muktangan. It is not copied or borrowed blindly. Sunanda and I never approved of any indiscreet suggestions, neither in our family, nor in Muktangan. We did not bring up our own daughters in a typically competitive environment; nor did we blindly foist fashionable educational choices on them. Similarly, we never wanted to impose any copied idea in Muktangan. To give an example, most hospitals or medical institutions have predominantly white wards. The bed sheets and pillow covers, and even the tiles are white. Not to mention the strong smell of disinfectants. A perfect hospital atmosphere! But we did not want our patients to be put off by the hospital look. We wanted

them to feel at home. Do we choose only white bed sheets for our own homes? The answer is naturally in the negative. So we decided to have upholstery, bed sheets and blankets that were pleasing to the eye. The place was kept extremely clean, just like a home. In fact patients took turns to sweep and clean the rooms.

We never wanted our patients to be distanced from us, emotionally or physically. In a hospital set-up, the doctors and counselors are segregated in separate rooms. They meet patients in total privacy and by appointment. But at Muktangan doctors speak to patients informally, mostly in the wards. There are two assistants to guide patients to the doctors' rooms and provide any other help. But the interaction is generally less formal.

I want to tell you the story of Ashok Pawar, a senior worker who minds the people outside Mukta's office and mine. He is a very good guide for Muktangan's new visitors. Ashok is not very educated, but he impresses everybody. Ashok was a patient, who met Sunanda in her Nana Peth clinic. His father was a retired police constable. When Ashok was a compulsive alcoholic who needed alcohol to remain mentally stable, his father brought liquor for him from a nearby shop. Ashok could not even walk to the shop, nor did he have the energy to raise the glass to his mouth. His father had to hold the glass for Ashok.

Sunanda started administering a psychiatric dose to stabilize Ashok and pull him out of mental depression. When Ashok showed signs of improvement, his father began to bring him to the Nana Peth clinic. Ashok looked emaciated at that time. He had lost a lot of weight due to the addiction. Gradually, he started coming to the clinic on his own. He regained his weight and started traveling to other parts of the city. We once chanced upon him at a bus stop. It felt so good to see him independent and mobile. Later, when Muktangan started, Sunanda asked him to come there everyday. It was a great achievement on his part to board two public transport buses to come there.

Ashok had a sad personal life. His wife and son had deserted him when he became an alcoholic. Sunanda urged his wife to visit him in Muktangan. She came and was assured about the change in Ashok's behavior. After she had visited him a few times, she ultimately decided to settle down with him once again.

The point that I am making is that Muktangan felt strongly against having a distance between the patients and the medical staff. In the usual set-ups, the doctor is the final authority. But we believe that the patient also understands, sometimes a little more than the doctor, about his illness. But he is unable to break out of the vicious cycle. When we treat a patient, we take his valuable opinion in the process. We do not claim to cure anyone; we help people to cure themselves. We have experienced these truths in Muktangan's journey.

There is another interesting aspect I want to share – the uniform. Hospital patients and prisoners are usually given uniforms made of coarse cloth – either green or an unattractive blue. We did not want to adopt any oppressive color; we wanted the patients to wear something that would identify them subtly. So we decided to zero in on white. However, the shades and designs within the white theme could differ. Patients could exercise their individual choice of informal white kurtas, pyjamas or shirts.

Some patients do not approve of the choice of white. They look forward to wearing other colors as soon as they recover. However, there are some who realize the serenity of white after their discharge. In fact they voluntarily opt for white clothes which help them to retain their sobriety.

Most patients contribute actively to our therapies and treatments. They come up with brilliant ideas to encourage community participation. One good example of this participation is the ceremonial lamp lighting when a patient is discharged. Initially, patients received their discharge papers after some formalities like settling of accounts and the return of library books. However, once we got talking and we arrived at an idea which was later developed by our staff. We decided to give patients a warm send-off on their last day. Patients would be asked to light a lamp, signifying the lighting of the inner lamp of knowledge. It also gelled well with our Indian cultural traditions. I was reminded of Sant Sohiroba who urged people to protect the inner lamp of wisdom. We thought the

lamp signified the wisdom and control that the patient gains in Muktangan.

Each ceremony should start with a prayer. Sunanda's favorite was "Vaishnav Jan to Tene Kahiye Je Peer Parayi Jane Re," which translates as: "He, who understands another person's pain and misery, is a true human being in the eyes of God." This was Mahatma Gandhi's favorite bhajan (religious payer). Some people object to the word Vaishnav, as it denotes a sect in India; however it also means a good human being who is above all divisions. I am more taken in by the latter part of the line which states that unless one understands another's suffering, one cannot qualify as a human being. This thought, simple and unembellished, encapsulates the essence of human existence. We see so many people around us who are not sensitive to the sufferings of others; these are not humans but robots that run after money, fame and riches. We therefore hope that Muktangan creates true human beings who empathize with others. Empathy and compassion are good attributes that make up for a lot of other missing things.

We also wanted to gift something to persons leaving Muktangan as a bond between the patient and the institute.Alcoholics Anonymous gives a plastic token on a person's sobriety birthday. But we thought of giving a card. This idea of the card has developed a lot over the years. The once simple card now has three to four folds, it includes the patient's contact details and also those of Muktangan. The message reads: "Dear Friend, we wish you remain sober. If you ever need help, do tell us. We are available 24/7." It was suggested that two photographs of the patient (placed next to each other) should be part of the card – one taken at the time of admission, one during the discharge. The contrast in the photos would demonstrate the change for the better. Many people appreciated this suggestion because usually frail underweight patients come to Muktangan, and they gain a considerable amount of weight thereafter.

We also felt that some culturally-appropriate chanting or prayer should accompany the send-off. The soulful rendition of the prayer would brighten the mind. The patient would easily accept our

advice given to him in a culturally familiar frame. I phrased a few lines which urged the patient to remain in a peaceful, sober state. It also made mention of the good wishes of the people interacting with the patient. It was an appeal to start life afresh. There is something very primal about the chants; they touch the innermost recesses of the human mind. Most religions have music that creates a positive feeling within.

I composed a short song for the valedictory moment which mentions the readiness of the patient's family to accept him with open arms. The relatives and parents of the patients appreciated it a lot. It also underlined the 'living the moment' message of AA while bringing home all the resolutions to maintain sobriety.

I told my friend and writer Uma Virupaksha about the poem and the prayer for the discharged patient. Virupaksha, a sensitive writer, suggested that we should add one more ritual to the send-off. Why not place some sugar mixed with curd on the right palm of the patient and wish him a great life ahead? This is an Indian, rather a Maharshtrian custom, meant to wish someone a happy journey. In our case, it signifies the happy life journey after gaining sobriety. We now give some sugared curd to every patient leaving Muktangan.

I have created some songs for these valedictory functions; Yashoda sings them very soulfully. Her sincere, clear and simple voice strikes a chord in every heart.

Usually Sunanda spoke the final words, but now Mukta says them. "Please keep this card in the left upper pocket of your shirt, the one close to your heart. If you are reminded of your obsession, read this card. You will regain your balance." There are many friends who read this card in the morning and before going to bed. Some sing the songs jotted down on that card. One patient's account is revealing. As he was removing cash from his pocket to buy a bottle of liquor, he touched Muktangan's card. He had a change of mind and he left the shop without buying any liquor. Many have gained solace from the message in our card.

Our patients also share their experiences at their farewell function. They tell us of their initial fears, their resistance to the

Muktangan set-up, their urge to get out of here. Some have recounted ways in which they decided to run away; some have told us how they found their bearings in a week's time. Some patients admitted that the number of friends made during their 35-day stay in Muktangan exceeded the total number of friends in their entire life. A few of them said they had never laughed as heartily as they did in their five weeks over here. They had in fact forgotten that they could laugh so loudly. The love and warmth they received from people in Muktangan has also been appreciated by all. I am touched when I hear these stories. After Sunanda's death, I had feared that Muktangan would not be the same place again; Sunanda's sincerity and devotion would be missing. But when I listen to patients with such beautiful memories of the place, my fears vanish into thin air.

Many of our patients and volunteers add to the positive ideas and traditions that make Muktangan a special place. Very often I am not even aware of these happily accepted ideas. One such initiative was the 20-minute silence before dinner. It approximated the idea of the pre-meal prayer in the AA set-up. Once when I made an unannounced visit, there was complete silence as patients squatted on the floor with closed eyes. I asked the reason for this. The ward in-charge said, 'We observe silence for 20 minutes." I asked, "Since when?" He said, "Oh for a long time now." It was gratifying to see these once-wayward friends sitting in such complete silence. One did not know who was responsible for this initiative, but that was immaterial in the present context.

There were others who started a laughter club, but that did not last long.

All new ideas were welcome in Muktangan. Nothing was ever discouraged. However, we saw to it that none of the customs or traditions alienated the non-Hindu minority in the institute. That's exactly why we avoided the religious Hindu aarti* or the traditional Ganesh festival. But we celebrated Diwali together and we had fun on New Year's eve.

*Aarti, also spelled arathi, is a Hindu religious ritual of worship, a form of pooja, in which light from wicks soaked in purified butter or camphor is offered to one or more Gods. Aartis also refer to the songs sung in praise of the deity.

Muktangan's gymnasium also began as a collective effort. One of our patients was a bodybuilder. An early riser, he exercised regularly in the morning hours. We provided him with some basic gym equipment. The young boys helped him to put other accessories in place. Having created a large fan following, the bodybuilder introduced the gym culture in the new Muktangan premises. Every batch of patients has some gym enthusiasts who follow this regimen.

In those days music therapy was being considered as a breakthrough in the field of drug abuse prevention. Many institutes prescribed this therapy. It was said that certain musical *raags** give rise to positive feelings and sentiments in the minds of drug addicts and alcoholics. People spoke very confidently about the surefire results of these *raags* on the human mind. But I had my doubts; because the *raag* alone cannot ensure results, unless it is rendered well with proper intent. I quote noted classical singer Vasantrao Deshpande who gave the example of the *Jogiya raag** which could be sung in varied ways; often the songs sung in this *raag* conveyed conflicting emotions. Similarly, *Bhairavi,* can be rendered in a range of songs – from the purely romantic to ones articulating pain. I think this is a subject best left to musicologists. But the idea was to experiment with the *raags* and test their impact on our patients' minds. I was not sure how this would be received. I had been a classical music devotee for many years and had attended many concerts and musical evenings. But my patients had not necessarily been exposed to such music. They were used to film music. Would classical music impact those who were not habituated to listen to it? We had our doubts.

We decided to start in a small way by holding music circles every Saturday morning. Songs that had made a difference to the

* **A raag** (literally meaning colour or hue, but also could denote beauty, harmony and melody; it is spelt as raag, raga, or ragam) is one of the melodic modes used in Indian classical music. The raag forms the basis of Indian classical music, it is a musical scheme of five, six or seven notes composed logically, and the layout of the notes evolves into a significant form. Each raag has its own set of rules.

***Jogiya raag** is a morning raga from the Bhairava family of ragas. Raga Jogiya shares its form with Raga Gunakri, but has a more devotional tinge to it.

patients' lives were chosen in every session. Since it was meant to have an impact on the mind of addicts and alcoholics, we did not want to impose any one type of music on the listeners. As the idea caught on, people started enjoying the music without being overly bothered about the serious purpose behind the initiative. People sang songs of their choice, whether film songs or devotional ones. An older gentleman claimed he didn't know any kind of music. But when encouraged by the others, he sang a beautiful *aarti*. He and many others sang before an audience for the first time in their lives. The quality of their voices and other technical specifications were not important in these sessions. The idea was to use music as an emotional outlet. Our patients were not being shaped to be concert performers who had to maintain a very high standard of vocal control. These were ordinary people for whom music was a matter of respite. The high class classical music world treats such enthusiasts with scant regard. They care little for the people who buy tickets and come to listen to their renditions. But in Muktangan, singing or humming is an activity, a therapy. It is a treatment because it produces the desired results. And more than treatment, it is a good excuse for having beautiful musical programs.

I had an ulterior motive in starting the musical evenings. I got to learn about contemporary music from popular films. Coming from a rural background, I had not seen many films in the past. When I came to Pune, I could not catch up with the new cinema. I was too broke for that kind of luxury. But as our musical mornings evolved, I became familiar with many popular Hindi film numbers which had a classical base. Soon I started enjoying the game of identifying the classical *raags* in the popular songs. I asked others to suggest other songs that rendered the same *raag*. Then one of us would sing that version and I would add a non-film song which fitted in. In this way I would underline the importance of unity in music. The idea was to tell the patients that music was a means to an end and not an end in itself. And that these `means' were not the prerogative of the culturally privileged alone. They could be used in everyday situations. I picked some of my favorite film songs and demonstrated the recurring of *raag Shivranjani* and *raag Yaman*.

The patients would then immediately add some Marathi and Hindi film variations in that classical range. I was unaware that these friends knew so many songs. Some of them mimicked popular singers like Sudhir Phadke or famous ghazal singer Mehdi Hasan. I later realized that listening to ghazals* was a favorite pastime of many alcoholics. We accepted the melody of the ghazal form, but consciously avoided those ghazals which glorified the drinking habit. For instance: Hungama Hai Kyon Barpa, Thodisi Jo Pil Li Hai... sung by Ghulam Ali. It means: "Why the hue and cry, I have just had a little alcohol; I haven't robbed anyone, nor have I committed any theft." We could do without such lyrics at Muktangan.

The world of ghazals opened up before me because of my friends in Muktangan. My diary was full of ghazals by Ghulam Ali, Mehdi Hasan and Farida Khanum. I feel that if I had never heard the ghazals sung by our young boys, I would have remained poorer for it. I am happy that the musical mornings brought out all these latent talents. Every batch in Muktangan has patients who can play some musical instrument. They add to our talent base. Many patients leave their diaries of favorite compositions for the new entrants.

Dr Anand Nadkarni's presence would add a special element of fun to our programs. He was a Santa Claus with his big bag of ideas. He would come and energize not just the patients, but Sunanda and me too. Once he thought up a very constructive collective activity. He asked us to write verses that would embody the emblem of Muktangan, which was a bird about to take flight. In an original and somewhat offbeat manner, he wrote the two concluding words on the blackboard which described Muktangan's philosophy. Then he asked us to find rhyming words for the preceding lines. He accepted the words as they came and slowly we began to put them in order. The sequence spoke about a person's journey after coming to Muktangan. He gave directions and the poem was created collectively. We could see and share in the process. Each member was part of that creation.

* **Ghazal** is two-line verse, independent of linguistic barriers. While popular Urdu ghazals are sung in Hindi films, Marathi ghazals are also very popular.

As I have described him earlier, my friend Anand is a superhuman whose monthly visits to Muktangan are an immense source of joy and creativity. He and Sunanda started the idea of staff orientation. The staffers are requested to express their views, ask questions and discuss issues. Anand demonstrates counseling sessions for them. The staffer is asked to witness counseling from the patient's point of view. Anand plays a patient in such mock counseling sessions. The session is later dissected and discussed threadbare. Even the not-so-highly educated staffers get the point, because of Anand's effective technique of merging practical experience with theory.

Let me digress and tell you the story of a music director who was admitted to Muktangan. During his stay, he set most Muktangan's songs to music, including the poem that we had collectively phrased. It so happened that many people playing different musical instruments, were admitted in Muktangan at that time. They made a great musical team, which included Yashoda as well. They wanted to make an audio cassette of these homegrown creations. We booked a music studio in Pune for the recording. Staffers and patients worked enthusiastically for the making of this cassette. Rehearsals were conducted for days before the recording. Special care was taken on the day of the recording, keeping in mind the possibility of patients losing their mental control. But the arrangements worked out very well and music bound the group superbly. Our cassette is now available with us for sale. Patients take it with them when they are discharged. Many play the cassette every day to obtain mental relief.

I was telling you about the music director Rajeev. His father was a respectable gentleman who met me once at Pune airport. He told me about his son's alcohol addiction. Although we knew the family, we were shocked to hear about Rajeev's problem. It was unfortunate that such a happy family had this kind of problem. Rajeev was a compulsive alcoholic who came home drunk every day. He wanted to avoid meeting his father, so he placed a ladder outside the house to reach his room on the upper floor. While climbing up the ladder in a drunken state, he fell down. There was a huge commotion,

naturally that took a toll on his father's reputation. This was the turning point when his father referred Rajeev's case to us. So far the father had not been very comfortable about talking to us about Rajeev's addiction.

Rajeev had a sweet child-like disposition. Though he came from a rich family, he never behaved like a celebrity brat. He did all the chores, including providing technical help in the making of our audio cassette. Being a part of the music industry, he took the rehearsals very seriously. But he could not fight the addiction easily. He would recover and go home, and then very soon go back to alcohol. When I inquired into the reason, the counselor told me that his profession was the main cause of his addiction. "The music recording world is weird. Most of the recording and editing sessions take place in the night. Rajeev's colleagues invariably consume liquor. Naturally, how can he remain sober in these circumstances?" the counselor asked. Later, Rajeev managed to conquer his obsession and remained sober at all times. He never hid the fact that he had taken succor from Muktangan. Once I met him at the Vaishali hotel. He was with his friends and could have easily avoided me. But he came forward to greet me warmly.

Recently, he attended an event in Muktangan. Quite characteristic of people from the music industry, he had worn a lot of jewelry -- earrings and necklaces of different types. When I asked him about the fashionable jewelry, he smiled and said, "Yes I am quite fond of it." He shared his earlier experiences with us during the patients' meets. "There was a time when the smell of liquor made me impatient and restless. Now, that very smell puts me off." I was very happy to hear that; happier to know about the many assignments he was getting in the film industry.

Of all our initiatives, Sunanda loved the birthday celebration event on the last Saturday of every month. It was a token gesture on the part of Muktangan. Patients, who had remained sober for an entire year from the day of their admission, would be honored. For the rest of the world, remaining sober is no great feat. But we know how hard it is to fight an addiction. Even the relatives and near ones of the patient do not realize the arduous and painful process of de-

addiction. We celebrate their sobriety by honoring people who have been able to stay away from the addiction trap. The birthday is a metaphor for rebirth; a birth that affirms sobriety. It is a parallel to AA's idea of giving a medal to sober patients. But ours is a special medal for sobriety, whereas the AA gives medals to many patients for other achievements as well.

This day is eagerly awaited by many. Women dress themselves is gorgeous saris. Men put on their caps or other fancy headgear. Aged parents come to this ceremony, as do children who play with gay abandon all over the building. I don't remember the names of all the former patients, but when they meet me I ask them about their names and age. And then the crucial question: How many years? That implies the number of years they have remained sober after leaving Muktangan. The ones who complete the first and second year are specially admired, because the initial years are more difficult than the later ones.

The ceremony is simple. Around 12 white chairs are placed on one side. Earlier Sunanda and I sat in the center, but now Mukta sits next to me. The patients currently undergoing treatment sit along one side. Relatives are seated on another side. The hall is packed. Children come and sit on the laps of their fathers. It is very good to see those cute happy faces, with well-oiled hair, blissfully ensconced in their fathers' loving laps.

As people recount their experiences, valuable insights are shared. One of them observed, "Yes I was just like you, in those white clothes. When I came to know of this program that honors sobriety, I decided that I too will be honored in that white chair the next year." Some of them share even more horrific experiences. For instance, some patients had stolen money for liquor; some had lied about their mother's death to get money from others. There was one who had sold utensils from the kitchen loft; another had snatched his daughter's gold chain and was then put in the lock-up. "When my father, a principled teacher all his life, came to see me in the lock-up, I died of shame," recalled the patient with a choked voice.

Some of them noted with pride that their relatives believe their claims of living a respectable and truthful life now. One of them

said, "I did bring the glass to my lips, when surrounded by my friends on one occasion. But I could not swallow it." Another said, "I lost my job when they came to know that I was a drug abuse patient in Muktangan." Yet another added, "I was treated with care and warmth when my background was exposed." One of them said, "Earlier my father didn't want to see my face; now he waits for me at home." One more added, "Children feared me at one point, now they cling to me." As these narratives unfolded, we felt that life, in all its forms and hues, flowed in front of us. All possible human emotions – pain, misery, love, hope, despair, shame, pride – were covered in these individual stories. Not just the patients, but their spouses and other folks spoke on this occasion. Women came forward, held the mike, but were often overcome with tears. They did not know whether to have confidence in the current change or to hold on to the earlier image of the addict. Old parents would read out their jottings in verse. Many said they never thought their alcoholic relative would ever be able to lead a normal life. No one could remain unmoved by these candid confessions. There are several extremes that emerge in these stories – people going down to unimaginable levels; other people who are inspired by their own innate goodness; families torn apart because of one man's addiction; and women who show readiness to start afresh despite earlier insults; also men who make earnest efforts to bring joy to their spouses. Why do people repeat the same mistakes? That's a million dollar question. Why can't people learn from the past? But that is of course easier said than done. Not just in the case of addiction, but people repeat the same mistakes in life too. Man is a rational animal. But is he really reasonable? The only solace in this situation is the fact that a man can undo a lot of harm done through his mistakes. It is indeed reassuring that if a person decides to change track, he can become an agent of positive change.

Let me share the experience of bringing out Muktangan's handwritten monthly magazine called *Manogat.* All our inmates and volunteers are involved in the making of this wonderful home product. One inmate is chosen as editor; the editorial board is selected from among those interested in writing. The team collates

all the material. In the production week, the writers sit in secluded corners to pen their pieces. One week is devoted to writing work. It creates a healthy, scholarly atmosphere. The magazine is released at the hands of the chief guest attending the Saturday birthday event. The issue is kept in the library for reference. We have files of issues of the last 20 years. The magazines are a rich source of information; patients' personal narratives, poems, jokes, cartoon strips, etc. Newer entrants can learn from these past perspectives. We are not sure how our magazine will be rated by the outside world. But more than production values, *Manogat* is judged on other grounds by people in Muktangan. Appreciation from the in-house audience is enough to keep us going. The editorial board is honored at the Saturday event. Of late we have started a bi-monthly printed magazine, called *Anandyatri*, which is dispatched by post. It serves the purpose of introducing Muktangan's work to the outside world.

We have a special prize distribution ceremony, in which the prize is always the same – a simple gift-wrapped pen. We give these prizes to those who are proficient in chess, cricket, table tennis and other sports. Bandhu gives a special commentary while these prizes are given. "We have checkmated our near and dear ones in the chess of life. But in this chess, rules differ. The game is not over even if the king dies."

We give prizes in different, unheard of categories. To list a few, the prize for ideal treatment goes to a person or (a group of persons) who has gone out of the way to help patients during the painful drug withdrawal symptoms. There is a prize for the person attending all programs and initiatives punctually; another for the best P.T. and Yoga Performer. The 'Promising Newcomer' prize goes to an entrant who has participated enthusiastically in every activity. Sometimes we give prizes to people who have returned to Muktangan to complete their treatment despite emergency situations at home.

There is prize for the 'naughty boy.' Naturally, this is consensually decided on the spot. The naughty boy must have many pranks to his credit; the prize is in recognition of his tricks which entertained people. There is another category of prizes for those who have discovered new places where patients hide to avoid group therapy, and for those who have uncovered new routes by which patients are trying to escape. These prizes have utility value for the Muktangan administration. We get to know of the secret routes and hideouts of the inmates and can take prompt action to plug those loopholes in our system. We take these attempted violations in lighter vein, because very strict action spoils the fun and does not necessarily beget results.

The patients' ward becomes a variety entertainment section in Muktangan. Patients break into song and dance at the slightest pretext; the harmonium in the ward comes in handy at such times. Even paunchy, chubby and relatively old patients dance to the tunes of Hindi film songs. Very often I ask them if I may join as an audience, "I feel envious of your dance. Can I come to see the dance?" They reply in chorus, "For that you need to get admitted as a patient." I accept my defeat happily.

Every person in Muktangan is a gem. I feel truly satisfied when I meet all these characters every Wednesday. Some of them are permanently etched in my consciousness. For instance, Prakash Vaingankar does his work regularly without any signs of boredom. When people come to inquire about Muktangan, he gives the information and allots them dates for admission. Any rudeness on his part could spoil the institute's name. He can play around with the dates and waiting lists. He can charge an extra cut for helping patients jump the queue. Considering the immensely desperate people who want their addicted patients to get instant admission, Prakash does a rather stressful job. But not once has he broken under the pressure, nor has he ever used unfair means. Not a single complaint has been made against this scrupulous man. He does a great job of liaising with the stressed relatives. He does not lose his cool, nor does he ever sound insensitive. Even after he retired, he returned to Muktangan to do the same job.

I am also reminded of John who, like Prakash, was a great disciplinarian. He could manage around 150 people during the therapy. We always wondered how there could be pin drop silence in a place full of drug or alcohol abuse patients. John is quite a task master, especially in getting things done by reluctant patients. He

also wakes people up at the right time. He is good in settling disputes. Ironically, John was a very short-tempered patient when he came to Muktangan. His wife had complained about him. But he became a changed person over here. Many people have shared their pleasant experiences about John. Some said they didn't like him initially, but beneath the tough exterior was a very kind-hearted person. One of the patients said, "I have no problems with him but he keeps a very stern face while serving us food." I told John later, "Keep smiling, dear." Even if I saw him from a distance, I used to remind him to widen his jaw and then he would smile instantly. After a while he began to smile throughout the day.

I recall another patient named Nitin who hailed from Kolhapur. He is everybody's friend; everyone likes him and listens to him. Nitin's entry in Muktangan is a fine story. His aged, retired father didn't know how to deal with Nitin's alcoholism. Nitin had been admitted a few times in Muktangan, but that did not have any lasting impact on him. His teary-eyed father met me at one of our regional meetings in Kolhapur. He said he could no longer bear Nitin's ways, nor did he have the money to look after his son. I was moved. I took Nitin to Muktangan and relieved the father of the expenses. Slowly, Nitin improved and started contributing to Muktangan's activities. His parents became regular attendees at our meetings in the Kolhapur unit; smiles were back on their faces.

Vinay Rajopadhye is another friend in Muktangan. As soon as I enter the building, he takes my bag. I don't want to part with that lightweight, but he insists and has made it into a routine. Vinay is a very good artist. Before he drowned himself in liquor, his pictures were carried in reputed magazines. But his addiction took a toll on his personal and professional life. He met with an accident and the news of his death was mistakenly reported in the papers. His brain had been injured in that near fatal accident, due to which he behaved erratically. He would get well in Muktangan and then would suffer a relapse even if he was released for a day. His old mother entrusted us with the responsibility of looking after him. Vinay did well as our official painter. Whenever there is a painting exhibition in Pune, Mukta sends Vinay, of course escorted, with his 20-odd huge drug

abuse awareness posters, called Creation. We use these posters as a backdrop during the performance of our skits.

Vinay has a beautiful handwriting, which he puts to innovative use by writing my newer poems and prayers on the wall. He picks up quotable lines from my speeches. For instance, "When you cut vegetables, look upon it as cutting your ego; when you clean the utensils, look upon it as a chance to clean your heart." I had just happened to say these lines. While I forgot about this, he made intelligent use of it. Vinay also does a good job of the cover page for the *Anandyatri* bi-monthly. When he is on the lookout for something quotable, he comes to me. Interestingly, things do occur to me after he asks for such stuff.

Shekhar Purandare is another good person – responsible, calm and very systematic. He does very good counseling, and also maintains updated records. He prepares the files and documents that are to be sent to the central government. At one point, I handled that responsibility with much difficulty. But Shekhar does it so much more efficiently.

Now I come to Prafulla Mohite, or also known as Phula, who is now in charge of the women's ward. She is everybody's aunt. I have considered her to be my kid sister ever since she came to Muktangan, so Mukta called her aunt, and soon everyone addressed her that way. Her story is also out of the ordinary. She eloped at the age of 18 to marry a boy she loved. But things did not turn out well because he became an alcoholic. He was quite a nuisance. Often he drove Phula out of the house, along with her children. The trio spent many nights on the staircase. Whenever she visited my place, I queried about the bruises on her face. She would shrug them off as injuries from a fall or accident marks. But as soon as we came to know about her aggressive husband, we sent her to her sister's place in Solapur along with her children. It was feared that her husband would follow her there. But police inspector Prakash Pawar solved that problem. He stationed a cop outside her Solapur home. Later Phula's husband died. She did a few odd jobs and raised her children.

When I went to our Solapur center for a follow-up meeting, I saw

Phula doing very good work for us. She was very active in talking to patients even generally. I was impressed by her resourcefulness. Later I asked Mukta whether I should bring her to Muktangan. She could possibly visit Solapur for follow-ups and stay in Pune with us. Mukta liked the idea. By that time, Phula's daughter had married and her son's computer education had been completed. She began to work for us. She could put in extra evening hours because her house was very close to Muktangan.

Phula is a person of few words, but her warmth is infectious. She became everybody's soul mate. There is one peculiar trait in the service she gives to patients. Once she takes charge of a person's well-being, she takes complete charge, which includes visits to the person's house and individual attention. Until the person comes out of the problem completely, he remains her sole target, her favorite of the moment. A boy from Indore was brought back on the right track by Phula. Not only did he recover, he also works in Muktangan now. I once asked his mother, who visits him occasionally, "So, how is your son?" She smiled and answered, "Well he is not mine any more; he is aunt Phula's son."

Phula is a very good cook. She helps out our Sahchari women's group which works in our kitchen. Her suggestions have enhanced the group's culinary skills as is evident in the everyday cooking. She has maintained the women's ward exemplarily clean. The curtains, bed sheets and the general hygiene, everything is excellent. When I praise the workers of the women's ward, they say, "The credit goes to Phula aunty. We are here because of her." I am instantly reminded of the Phula with a bruised face. Today she stands on her own feet, firmly-rooted, thanks to Muktangan's touch.

I am also reminded of Aruna who was another victim of a husband's alcohol abuse. She lost her husband a while ago and took time to get back to normal life. However, her personal experiences have made her a tougher person who can also empathize with others; naturally, her counseling has an extra human element.

Vandana Kulkarni is another good worker. She writes on matrimonial issues in newspapers and magazines. Patients with specific marriage discord issues seek her help. Before her arrival on

the scene, one never realized that such a person would be needed in our set-up. We also have Renu Gavaskar, who comes once a week, dealing with similar issues. Patients have developed a liking for all these caregivers.

There are times when people get associated with Muktangan quite by chance. For instance, my friend Anita Modak recommended the name of her friend Bhaskar More. More is now a full-fledged counselor in Muktangan; he was a mere student when he began.

Some of my friends meet me only on certain occasions. For instance, Mahendra is a smart boy with a special faculty to appreciate literature. I call him home whenever I write something interesting. He comes very early and begins to read. He is good in interacting with groups; he also writes well. But this friend is unable to retain his sobriety. I am very fond of him but it is difficult to see his relapses. When his addiction takes a toll on him, he loses his dynamism and just sits lifeless in one corner. But after he regains his sobriety, he returns to his dynamic self. I don't know what to make of this transformation. Dr Anand Nadkarni has tried to help Mahendra a lot. I once asked Mahendra, "You call me Baba, more so after your father passed away. You have so many friends here. Anand is also close to you. Why don't you call one of us when you get the urge to drink?" Mahendra admits, "Sorry, I just slipped. I didn't know how that happened. I will remember it next time." I am touched by Mahendra's sincerity and honesty. That's why I don't get annoyed with him. He is an innocent, clean-hearted soul. The poor man does not know how to cope with that major problem in his life. When I see people like Mahendra, it becomes increasingly obvious to me that I know very little about what goes on in this world. And it is better to feel this way rather than be all-knowing and authoritative. I have accepted Mahendra in his current avatar. I help him whenever he needs help, which he does every few months. I do not worry about his relapses, but I treasure his sobriety while it lasts. Of late he has been fine. Recently, he came to our place to read some of my writings. That day we had a craving for some hot cutlets. Even before we realized what he was doing, he went out and got the stuff

for us. When I offered him money, he said, "My father also asked for similar cutlets." I didn't say anything after that.

Ankush Darvesh is another boy I am very fond of. He has a foolproof answer to all things technical. If anything is wrong with the wiring or the plumbing, Ankush has the answer!

Another good volunteer is the fair-haired green-eyed Sanjay Bhagat. What a polite gentleman; he greets me with respect whenever I go to Muktangan. He was once a high-salaried senior employee of multinational companies in different parts of the world. It was his alcohol addiction that brought him in touch with Muktangan. He recovered and then got absorbed here. He is now Mukta's most efficient lieutenant. He is very good at preparing reports for the New Delhi government correspondence. He regularly visits the patients in the Reliance Factory's colony near Khopoli. Not only does he follow up with patients, he also conducts training classes for all ranks, right up to senior executives. He is an easy-to-approach gateway for many companies. Wherever he comes in contact with any companies, he makes it a point to connect them to the larger Muktangan family. He is also very active online, just as he is available offline. When I give a public speech, people ask me for my bio-data or photo. I don't have it. These people then contact Sanjay and get exactly what they want.

I once asked Sanjay to tabulate the information about patients of Muktangan for the last five years. I wanted to know how many have remained sober over the years. He called up people at their homes, got details about their sobriety and got back to me with all the information in the record time of one month. He claimed that over 70 percent of the patients had recovered fully. I did not believe that and asked him to reconfirm and get back to me with written proof. He agreed and got down to work. Very soon I am going to ask him to research some earlier patients as well. Let us see what he does. Sanjay is good at many things. He is sophisticated, but very comfortable with his not-so-polished colleagues in the after-care unit.

That reminds me of the workers in the kitchen unit. Clad in half pants and vests, they are simple people with unkempt beards. But

they are very confident in their ways, and are great workers. They do impossibly heavy tasks -- take off one huge utensil containing a boiling hot curry and place another one on the cooking stove. They work uncomplainingly in extreme high temperatures. Whenever I go there, I am greeted with the gladness.

Most of our volunteers start with kitchen duty and later graduate to other types of work. There is a reason for inducting them in hard, laborious work in the kitchen. Once they become used to that drudgery, they get stabilized for any routine work. Later they are selected for other chores, either assistance in different offices or even group interaction. If they excel in that, they are shaped as counselors. Since they go through various types of assignments, they understand and appreciate the dignity of labor. Visitors coming to Muktangan express surprise over the polite, work-focused behavior of our staff. We don't react to their sense of surprise, though of course the answer is that human beings are generally good; Muktangan just brushes off the dust hiding the goodness.

A central government official who visited our premises was very happy to see so many volunteers. He said, "What I appreciate is the second tier of volunteers in Muktangan. Other institutes do not have this." I asked our kitchen unit volunteers to join us immediately. The boys in their half pants and simple kitchen attire, soiled and discolored, stood in front of the official. I said, "The third tier of the organization is standing in front of you. They will take Muktangan ahead in the coming years." The official just expressed his amazement to Sunanda and me.

A thousand images of the past float before me, just like fish swimming in an aquarium. Images come and go; a thousand images and memories in the fraction of a second. In all these racing images, I see Sunanda's face. So many years have passed since her death and her memories continue to haunt me. Sunanda's memories follow me and also others at Muktangan. I talk to her, consult her, seek her advice. When we fare well in an inspection or when a difficult patient recovers, she is always there to share in my joy.

Sunanda was a slender person, perhaps not so beautiful as per the popular perception of the world. She did not deliver any electrifying

speeches; nor did she write any articles on Muktangan. She was never an active public personality; rather she always pushed me to the forefront. I have no words to describe her rare qualities. She had no expectations from the world. She did not even want words of praise. But she gradually rose to such a high level that I was amazed by her success. I also find her a source of strength. She has proved that one does not need any external facade to live a good life; if there is genuine devotion and sincerity, the results are great.

Many times new volunteers digress from the main therapies and ask me to talk about Sunanda madam. I am moved by that. I ask them, "What do you know of madam?" They tell me that they know a lot because Sunanda's image comes alive in various accounts and stories shared by the staff. Patients also speak of their experiences of being with her. I am happy about this. That she resides in my heart is not a surprise. But that she has an impact on so many others is laudable. When I share an anecdote about her, the faces in the audience beam with joy. That scene is beyond words.

"Please point out our glitches. We will work on them."

Running an institution is not a simple, straightforward journey. It is a rather jerky and bumpy ride. If such jerks occur in the formative years of the institution, there is a possibility of a complete shutdown. However, if the jolt comes after the institution has been around for some time, it can weather the rough ride. In Muktangan's case, we received the jolt midway; but it shook us badly. We couldn't believe that a close friend could stab us in the back and that we could be at the receiving end of such treachery.

Let me elaborate. We met Ramesh Shinde who had a lot of information about Pune's crime world and powerful contacts in the police department. In one sense he indulged in many illegalities, but he also supported other people's causes. We became good friends and he introduced me to many police officers as well as criminals. I had an academic interest in the criminal world as Muktangan had just started and some of our alcoholic friends had criminal backgrounds.

Shinde generously allowed us to use a large hall that he owned in a central location in Pune. It became a convenient meeting point for our patients; it was also used as our counseling center. Shinde attended some of our trustees' meetings as well. But we soon realized that his presence was causing interference in the counseling center. He started asking our volunteers and patients to do personal chores for him. This did not fit into Sunanda's scheme of things. We decided to quit that place, and moved to another venue in Lokmanyanagar. We were away from Shinde; and happy to be away.

Shinde continued to visit me, though less often. After some time one of our patients came running to us. His friend had warned him

about a calamity awaiting Muktangan. I said to him, "What calamity? About the grant? That's normal dear."

But what unfolded was indeed abnormal. A huge sack of documents landed at our doorstep. Ramesh Shinde had filed a complaint against us to the charity commissioner, alleging that Muktangan indulged in many illegal and corrupt practices and that the institute's constitution was dictatorial in nature. No proof was given to substantiate his claims. Shinde had proposed a new constitution for Muktangan and had inserted his name as one of the trustees in the new document. I could not believe the document before my eyes. I realized that Shinde had treacherously attacked us from behind. How could he do that to us? He knew me well, he called Sunnada his sister; he was conversant with the Muktangan culture. Our constitution had been formulated after due consultations with Advocate A. D. Kale; it had been given a go-ahead by the current charity commissioner.

Muktangan's then president was Ram Shelke, brother of renowned litterateur Shanta Shelke. He felt we should ask Shinde the reasons for his complaint. But we did not think that right because Shinde had not taken any of us into confidence before taking action. Despite this one of our common friends, Surendra Patil, tried to mend fences. He called us and Shinde for lunch, so that we could discuss matters across the table. But we did not utter a word during the meeting. We felt deeply hurt because of the false charges leveled against us. So far no one had cast aspersions on our character. It was most unexpected from a person who had been so close to us. Also his attitude remained unrepentant; he was not the least bit apologetic about what he had done.

I visited Advocate Kale one evening. While he read the entire chargesheet filed by Shinde, I sat in front of him like a patient waiting for the doctor's diagnosis. Later, he gave me a stack of blank sheets and asked me jot down my defense as against each charge. It was complete legalese, and I was bewildered by the technicalities. But I began to write down all our arguments. As he elaborated on our answers to each of the charges, my mental state began to improve, much like a patient on the drip. I felt rejuvenated

when all the answers were ready in the necessary legal framework.

One English newspaper published the news of the chargesheet filed against us, but no Marathi newspaper carried it. When I asked a journalist the reason for this, he informed me, "We don't publish mere allegations; we give publicity to either the final judgment or a decisive interim stay order." Shinde made the most of the only newspaper report published in English. He made copies of the report and sent it to different offices and people, possibly also to Delhi. But that newspaper clipping must have got drowned in the sea of documents. He wrote to the state health department; his letter fell into the hands of our friend Arun Ghate (our oasis whom I have described earlier). Shinde had made a special letterhead for himself; he had merrily stolen the Muktagan logo and other details. I didn't know what to do in this situation. Arun advised us to fight all the way to the end. We put our documents together. Our chartered accountant helped us to ready our accounts. He told us how Shinde had coaxed him to look out for irregularities in Muktangan's accounts.

Shaken by this incident, I shared it with every friend of mine. But they in turn informed me that such controversies and legal hitches were the order of the day. "Many institutions and social groups are harassed by such nuisance-makers." Another friend gave me the names of many renowned institutions and the trouble-makers they were dealing with. All that information enlightened me. Though I lived in Pune for so long, I didn't know this aspect of the city. The Shinde episode gave me an opportunity to learn more.

Litigation was a laborious killing phase in my life. The hearing date would be announced every month, necessitating our presence at the charity commissioner's office. The scorching afternoon sun was enough to dampen our spirits further. Three of us – Shelke, advocate Kale and I – would be seated on the bench kept in a small narrow balcony in the charity commissioner's office. Kale who had once been the charity commissioner, had decided not to practice as a lawyer in this field, but was working in the higher court. However, he was with me all throughout this case, because of our friendship. Whenever people recognized him in the charity commissioner's

office, Kale smiled in acknowledgement.

Many hearings were postponed because Shinde would not appear in person. His lawyer would produce a medical certificate towards the end of the day. By then the three of us would be waiting for the day to get over. The commissioner would then give a fresh date for the next month, again in the afternoon. Shinde was well-armed in this case. Bent on troubling us, he had appointed a battery of lawyers to find ways to trap us. One of the lawyers was my friend and a colleague in many social movements. She became very famous in later life. Years later when she met me at a public function, she admitted, "It was a mistake for me to represent Shinde."

The monthly visit to the charity commissioner's office introduced me to a very different world. Hundreds assembled at the office for their specific requirements. I wondered how a small, inadequate and understaffed office could register the thousands of voluntary groups and organizations formed in that period. How could they deal with the cases like ours? I met a friend who was a bodybuilder. "How come you are here?" I asked him. "There are differences in our organization," he told me. There were people from the temple trust in our village. I saw a huge crowd of women in the office premises, thanks to a government order which stated that registration was a precondition for getting a certain government grant. Once, long after this case got over, we needed a certificate from the charity commissioner's office in order to get a donation from another trust. We were surprised to see our updated file of accounts. I admired the method in the seeming madness.

Coming to our case, whenever our hearing date approached, I became restless. I used to jump with joy after the postponement, or the formality of it, was over. I was told that even if I had to go abroad during this period, I would have to take the court's prior permission. That I had not intended to go anywhere was another story, but I felt stifled by the very concept of restrictions on my freedom of movement. I was always mindful of the date as I could not commit that date for any public event or discourse.

Unfortunately though, the law is binding only on those who

attach seriousness to it. I too could have relieved myself of these restrictions by giving fake medical certificates to the court. But I don't belong to such a category.

I can't describe the feeling of utter disgust experienced while sitting on that narrow bench outside the court. I felt sorry for the two colleagues who had to tolerate that with me. The frustration I felt was very close to the sentiments I experienced when we were fighting Sunanda's transfer order – an episode I have described earlier. I felt I had to pay a heavy price for my decision to do social work in this country. I deserved to be harassed because I had chosen to do something different in life, and did not opt for the usual career choice. This made me laugh and see the situation in a lighter vein. I could then cope with the repeatedly adjourned hearings.

On one auspicious day, the charity commissioner summoned us into his chamber. "Where are the lawyers from both the sides? I am taking up the case today." There was a sudden flurry of activity. Shinde's lawyer brought his medical certificate. The judge refused to accept it. "I am really surprised by your behavior. I see these three gentlemen, the accused people, seated over here for every hearing. And the complainant is usually absent. In such cases, the accused institutions and people are typically interested in delaying the matter. But here I see you dilly-dallying. That is strange."

The judge bombarded them with several questions, which brought to light the various anomalies in their case. He struck off their charges and asked them to file a separate case, if they deemed it necessary. In a span of 15 minutes, the decision was arrived at. I was relieved, so overjoyed I felt like breaking into a dance. Our advocate Kale said the case should have been judged on merit, not on a technical ground, considering the flimsy charges that were leveled by Shinde. But I was in no frame of mind to sort out the legalities. I was just happy to see the end of a sad chapter. Shinde too did not file any further case. His advocate later told me that he advised Shinde to desist. "I have told him that he cannot expect anything more than what has happened that day," said his lawyer.

I broke off all ties with Shinde forever. He came to visit me after Sunanda died. But I did not even go near the street where he lived.

After a gap of many years, he called up once, "I am looking for a flat. There is one official you know who can help me. Please give your recommendation." I told him, "Sir, I don't want any connection with you in my life. We met by default. Just let's stay away from each other and forget the fact that we ever met."

I was deeply hurt by this episode. I didn't want to write about this bitter chapter, but memories cannot always be sweet. Sour and bitter memories are an integral part of life. They are the building blocks that make our life. We learnt to pay more attention to details after this, noting down the smallest of details that emerged in the trustee meetings. We introduced additional systems and checks in our accounts. We started filling up all possible registers: those labeled as 'must' by the government and those perceived as optional. Most of our transactions were by cheque, and not the old-fashioned cash. Many institutions like ours do not keep their annual accounts updated. But we started doing monthly updates and also updated our dead stock register. We sought advice on the formalities that needed to be done for the smooth running of our work. We had been jolted out of our complacency, thanks to Shinde. I am thankful to him for that.

Shinde created yet another problem for us. Using a false Bengali name, he called up the newly-appointed director of the social welfare department, Satish Gawai, and insisted that he should hold an inquiry into our corrupt dealings. Satish Gawai sent his officials to us to investigate. He too subsequently asked us many questions. Muktangan did have some anomalies in the records. However, it was clear that these points had not been raised during earlier inspections. Most of these errors had crept in due to lack of information. This showed that our intentions were above board. We gave honest answers to all their questions. Another inspection was ordered by director Gawai and this time we got good remarks from the inspector. Later, when Gawai attended one of our functions, he acknowledged Muktangan's sincerity. "I am happy I was saved from taking a decision that would have wronged a well-meaning social institution." He is now a good friend of ours.

We now fill up our registers on a daily basis. Some of our

staffers suggested that we should get the 9001 ISO certification. They were ready to undertake the year-long preparation to get it. I was not much in favor because the smiles on the faces of our patients and their relatives were more meaningful than an ISO certificate. But Mukta felt the ISO certification process would upgrade our systems. We decided to undertake the certification process. The ISO officers came to our institute for a whole year, checking each and every record and register entry. They showed us the glitches and we improved on each count. Later we were granted the certificate by their committee. We have now had it for three consecutive years. Muktangan is the first ISO-certified institute in the field of drug abuse prevention in India.

Earlier I used to say, "Look at our work, why do you point out the mistakes?" Now I say, "Please show us the glitches and mistakes. We will get an opportunity to work on them." We know that there is no such thing as an error-free zone. High-end cars coming from the best of showrooms have defects. But in Muktangan, we welcome the person showing our errors, for he is the person who takes us towards perfection.

I recall another such incident which helped us to perfect ourselves. I did not want to share this sorry episode because it concerns a person who happens to be a close friend. But Anand insisted that I do so. He said it is always advisable to deal openly with such memories than to hide them. The person's name is Suhas Devkar, the brother of a close friend, a collegian, a total introvert. He did not talk to anyone; nor did he attend classes. However, he had some extraordinary talents. He was a good painter, he could play some musical instruments, he had writing skills which showed in the stories he wrote. I had given one of his stories to an editor who not only published it in the magazine, but also informed me about the readers' positive reactions. When I told Suhas about this good news, he reacted very strangely. He just stopped writing. Yet Sunanda survived all his mood swings and tried to be pleasant. That's how he continued to be our friend.

When Muktangan started, she asked Suhas to join the team. He responded positively, did very well and enjoyed the work. He

became a very good assistant to Sunanda, so much so that he was being looked upon as Sunanda's successor. Suhas' mood swings did recur at times, but Sunanda knew how to control them.

Anand Nadkarni formed a core group which would suggest improvements in the working of Muktangan. Suhas headed that group. He was expected to suggest changes in the system after discussions. Meanwhile, Sunanda died and Suhas started showing a very different side of his personality. He turned that core group into a control group which started issuing orders to colleagues left, right and center. Mukta was on the staff, but new to such rudeness. The group started troubling old staffers. When they heaped insults on me and Sunanda, one of our old volunteers, Tushar, hit back at them. The core committee went on a strike, its members squatting on chairs right in the middle of the building's passage, demanding an immediate apology from Tushar.

I came to know of these developments and called Tushar to my place and asked him to tender a written apology. He was ready to sign any documents. "For you I can give anything in writing." Carrying his written letter, I entered Muktangan. I saw Suhas and the other colleagues who did not even smile in recognition. I went upstairs and called for a meeting in the library. The agitators were also summoned. Even before they could utter a single word, I showed them Tushar's written apology. Then I turned to them, "What was the urgent need for you to express your feelings in the presence of the patients and their relatives? You went on strike? For what? These means of protest would have been acceptable if I was unavailable to give you a hearing. But I am here in Pune, and all ears for you. Can't you use civilized means to get your work done?" After those initial remarks, I told them, "As a trustee, and as per the authority given to a trustee by the charity commissioner's office, I disband this core group. My opinion cannot be challenged and I have the right to take it." I added further, "Those who want to leave can do so right now; we will run Muktangan with the help of all those who wish to work here."

Oh my lord, how could I have uttered those words? If those people had really left, how could I have run Muktangan? With

Sunanda gone, I couldn't have possibly managed alone. But my feelings had to be expressed this way. We had decided that Muktangan would not tolerate irregularities, even if that meant paying a heavy price. We believed in taking the difficult but correct route, no matter what the cost.

We sent Suhas on long leave. He soon returned and apologized. But the trustees had warned me against re-inducting him. And though I did not take him back, we have good relations with him now. He has started working in other fields of interest but he also spares some time for other drug prevention and rehabilitation centers. I often wonder about his protest. I was not so surprised about him, because he was a man of varying moods. But I was amazed at the actions of the other volunteers who were like my children. How could they backstab me? Did they change their stance after Sunanda's death? Did they get wrong signals which made them act thus? Is there something called loyalty? How did Suhas forget the favors Sunanda had done him? She had saved him from a life-threatening ailment. Couldn't he be a little more grateful?

Anyway, Suhas is a closed chapter. He gave me an opportunity to know myself. I am a pretty docile and tolerant person, unable to hurt anyone. Did I have this power inside me which helped me to call a spade a spade? Where did all this unseen energy come from? Where does it stay otherwise? All learning is good learning.

While I was grappling with my problems at the institute, my life was further adversely affected by the deaths of a number of near and dear ones. These friends left me forlorn and grieving. V D Deshpande, one of our close friends and advisors left this world. It was an irreparable loss. He was a person who never lost his mental equilibrium, not even when he was struck with cancer. He dealt bravely with his wife's death. He was associated with many rural uplift causes and sensitive to the problems of rural Maharashtra. He gave his cent percent to the projects that he studied. He was very close to Sunanda; a good friend and confidante. Sunanda was by his bedside when he breathed his last.

As president, Deshpande brought a certain innate discipline to

Muktangan's working. Even when I was confident regarding some decisions, I would ask for his go-ahead. After giving the matter a good thought, he would give his perspective, bringing unnoticed facts to light. His opinion was very valuable because it was the result of a clear-headed, reasoned approach. He was not carried away by emotions. As soon as he realized that his days were numbered, he suggested that one of his close friends, A P Kulkarni, could help us in Muktangan's work. Kulkarni also had the same enlightened perspective as Deshpande's. He was interested in research projects of rural development and planning. He remains our president to this day.

The second death that shook me was Ram Shelke's. He was also a great friend and a wonderful person. He had a heart problem, which he shared only with me, not even his people at home. I told them about the ailment only after he passed away. The third death was of course Sunanda's, which I cannot describe in words. This book is a testimony to the vacuum her death has created in my life. I could cope with these losses only with the help of Chitra, Sunanda's classmate, and my classmate Madhav Kale who was an all-time support for Muktangan. Madhav was a leading light in times of financial crisis; a pillar I could lean on for life. But he just ceased to be at one point!

We lost many patients in the intervening years, some of whose demises we were able to record in our follow-up work. Earlier we used to survey the sobriety of the patients who left us, but now we also track down their deaths and make due mention in our registers. That's because drugs and alcohol take a toll on a patient's body even after he gets rid of the addiction. It is helpful to know when and why a patient died. Also it helps us to understand the nature of the other ailments that can afflict future patients. Very often the relatives of rehabilitated patients express satisfaction over the fact that death came much after the person overcame his addiction. Death is always an intriguing phenomenon; whenever it strikes, it makes us wonder about the impermanence of life.

I remember a patient, a Marathi professor, who was very popular because of his handwriting. Other patients often asked him

to write their personal letters. However, this professor had barely managed to sign his first name on the day of his admission to Muktangan. His shivering hands had to be supported by others; he finally gave his thumb impression. He soon regained his reflexes and his handwriting stabilized. He was everybody's friend; a saintly existence. On the day of his departure, all ward members walked with him to the main gate to bid him a tearful adieu. After a year, we got to know about his demise. His wife then visited us. We were touched to hear her story. "The last year was so good. I can spend the rest of my life living on memories of that well spent year." His death made us think of various life-related mysteries. Why did such a gentlemanly person get addicted in the first place? How could he lose out on so many years of his married life? Wasn't his goodness enough to keep him going? Was something else needed to live life steadily?

Another such mystery was Gangadhar. Based in Kolhapur, he was always eager to serve me during my follow-up visits over there, showering me with all possible comforts. He spent quite a large sum on upgrading his old Fiat car to take me around. He was at my beck and call for all chores –be it buying a piece of Kolhapur jewelry or visiting social activist Naseema Hurjuk in nearby Uchgaon. He was the driving force in all our meetings and made a special effort to introduce me to patients who were unwell. After he overcame his addiction, he did a good job as an insurance agent. I was happy for him. But he gave all the credit to Muktangan. Meanwhile, his daughter had finished her formal education. Husband and wife now dreamt of a happy retired life. But he was diagnosed with kidney cancer. A very huge cancerous tumor was removed from his kidney. We were shaken. But when we met him, Gangadhar had a smiling face. He was consoling his wife with some lighter aspects of his illness. Characteristic of the optimism that is instilled in Muktangan, he told us, "Isn't it good that I suffer from cancer of one kidney; I have a spare one to fall back on. Cancer of my liver or brain would have made life worse." He further consoled us, "It's good that I got cancer after attaining sobriety; had I suffered earlier, I would have died unnoticed in

some godforsaken gutter. Now I will die honorably." He was happy about the fact that he had seven years of sober living. He told his wife, "Madam and the whole of Muktangan are there to support you when I die. Did you ever imagine that I would give you these precious seven years of sobriety?" I couldn't believe those were Gangadhar's wise words – a man who was too mild to open his mouth at one point. He had imbibed the spirit of Muktangan. He was Sunanda's true son – smiling and pleasant till his last breath. Even his death reflected the wisdom he had accumulated over the years. He was very fond of me. Some called him my Hanuman – a disciple who treated me like Lord Rama. But the interesting fact is that I learnt a lot from this disciple's life and death.

I remember another lady from Kolhapur. Her husband had once been addicted to alcohol. Though he had been freed from alcoholism after following the AA techniques, she continued to contribute to our drug prevention work in Kolhapur. She was a wonderful mediator in the group therapies; she took personal interest in alcoholic patients who did not show signs of improvement. She took them home, despite all the risks involved. She had a sobering effect on many. They conquered their addiction with her help and support. She referred some cases to Muktangan. She brought sober patients for the Saturday's celebratory events. She was also a very hospitable hostess who yearned for me to visit her place. I recall the delicious meal I had there. Then we received news of her cancer. That did not stop her from working. I was reminded of the never-say-die spirit of Sunanda and Gangadhar. This is what you call a graceful death. Everybody should get to die this way!

Could these deaths have been averted? These precious lives were lost forever but they left an indelible impact on our minds. One such death is that of a doctor from Mumbai. He was admitted in Muktangan. He was a physician and his wife was a gynecologist. Both were double degree holders, independent professionals practicing in Mumbai. He got over his addiction in due course of time. Things seemed fine. The couple attended our monthly meetings regularly. Both were very pleasant and smiling.

Gradually, they stopped coming. We were used to such an eventuality because patients get busy in their routine lives after they recover and their initial enthusiasm to attend such meetings subsides. We understand people's preoccupations. But in the case of this doctor friend, we heard the worst. He had died. We couldn't fathom the reason why. He was doing pretty well. In fact he did not suffer from any ailments. After a long time, I mustered up the courage to call up his wife. She was calm and composed. "I didn't know he was addicted to gutkha*. Both of us had little time for each other and he never told me about this lethal habit. We used to meet each other at night after our professional work got over." Once when they were on a holiday together, she saw a dark spot on his cheek and drew his attention to it. Their worst fears came true. He was hospitalized immediately and operated upon. He died soon thereafter.

I have a very strong aversion for gutkha manufacturers. I can't stand the wealth and luxury depicted in gutkha ads. What luxury can these life-threatening pouches bring? They push people closer to death. How many more lives do they want to claim? When I see gutkha pouches hanging in the pan-beedi stalls, I feel they are ropes pulling a person closer to death. Can these proud gutkha sellers tell us how a widow should now spend the rest of her life? I am told that the Tata Memorial Cancer Center in Mumbai has a special ward of gutkha-stricken patients. What a horrible situation!

I am reminded of another friend, Dilip Porwal, who hailed from the Marwari community. He was a superb accounts keeper at Muktangan. People wondered how we could repose our trust in a patient. But not even once did he let us down. He was a smoker. When he sensed uneasiness in his throat, I referred him to our oncologist Anuradha Sovani. She immediately diagnosed him as having oral cancer. It was clear that the high-risk tobacco usage was

* **Gutkha: It** is a preparation of crushed areca/betel nut, tobacco, catechu, paraffin, lime and sweet or savory flavorings. It is manufactured in India and exported to other countries. A mild stimulant, it is sold across India in small sachets that cost between Re 1 and Rs 6 per packet. It is consumed much like chewing tobacco; it is considered responsible for oral cancer and other severe negative health effects.

responsible for this situation. On the day he was diagnosed, his wife Kalpana called to say, "Baba he is still smoking." I queried him about his irresponsible action. He pleaded, "Baba I am very tense. I will be admitted tomorrow. Please let me smoke the last cigarette." I had no words to that. I saluted the substance called nicotine* which gives a high to smokers and tobacco chewers. How could smokers not say no to that high? Even when death stood in front of them? What a grip this nicotine has on a person's mind! He fails to notice his own wife, children and other near ones.

Dilip's surgery was performed the next day. His foodpipe had to be cut from the inside. He was brought home, but his radiation therapy continued in the Inlaks Hospital. A little later he started working in Muktangan. One of the volunteers told us that Dilip smoked cigarettes while traveling from Inlaks to Muktanagan. He would stop his scooter at one spot and sneak a smoke. The revelation was indeed shocking. Once again I saluted nicotine.

The tobacco plantations in Nipani, a town in the Indian state of Karnataka, are usually unfenced. Interestingly, cattle do not even touch the tobacco plants. They don't find them attractive, thereby obviating the need for the fencing. Why can't men realize what animals can sense? Why didn't Dilip want to avoid something that was eating him away bit by bit? I was present at all his subsequent surgeries, comforting him in those moments of tension, holding his hand. He looked at me helplessly. Cancer cells had spread to other parts of the oral tract, creating a malignant zone in his throat and neck. Whatever he ate landed straight into his chest. That led to pleurisy in the cavity surrounding his lungs. The case was worsening with every passing day. One day his father-in-law asked me to come urgently. I drove like a maniac to the hospital. The doctor took me aside and told me that the end was near. The doctor said, "He has left the world. We were waiting for you. The ventilator was kept on because we did not have the courage to disclose the news to his relatives." I went out and broke the bad news to them. I had to do it; though I am not that strong in matters related to the death of near ones. I am uncomfortable while visiting patients in hospitals. But this truth had to be faced head on.

Dilip's wife took a long time to recover. She used to come to my house and start crying. Once I got very angry and berated her, "What will happen to your daughters if you don't stop crying?" She was roused to reality. Today she is a firmly rooted, self-reliant person who runs a beauty parlor and does other small jobs. One of her daughters recently got married; the other has a good job. Life had to go on for them. Around 10 years have passed after Dilip's death.

Muktangan had earlier adopted a rather lenient stance towards patients using tobacco. Other rehab centers too have similar policies. That's because a patient who has shown readiness to de-addict himself from alcohol should not be compelled into other de-addictions. Too many compulsions can lead to an explosion. However, this logic did not seem to work. The recent deaths of Dilip and others had in fact demonstrated the lethal effect of tobacco. At one point Sunanda tried to ban tobacco in Muktangan. However, the initiative failed as the staff was opposed to the idea. But Mukta decided to ban tobacco and nicotine in every form inside the Muktangan premises. We were warned against such a decision. It could have led to a steady decline in the number of patients; patients could consume it on the sly. But we were firm this time. Mukta wanted Sunanda's dream to come true, no matter what the price. She told the staff about madam's unfulfilled ambition of turning Muktangan into a nicotine-free zone. The staff co-operated because it had been Sunanda's wish and helped in imposing the ban on all nicotine products. Of course, this was not easy to execute because such items were being smuggled into the premises by the patients' relatives. Patients would pressurize them to bring tobacco in tiffin boxes on visiting days. So we decided to check every lunch box or container that entered our campus. Today we can claim a near-complete Nicotine-free zone in Muktangan.

The credit for this complete holistic eco-friendly environment goes to volunteers like Sanjay Babar and Ankush Darvesh who

* **Nicotine:** It is an alkaloid found in the nightshade family of plants (*Solanaceae*) that constitutes approximately 0.6–3.0 percent of the dry weight of tobacco with biosynthesis taking place in the roots and accumulation occurring in the leaves.

conduct security checks without ruffling feathers. Muktangan reaps the fruits of their labor in everyday situations. Patients now vow to give up other addictions like chewing tobacco and cigarettes, along with alcohol. They are more conscious of the need to take these health-related decisions, much before the damage is done. One of them said, "I will take the medal from Baba only when I get rid of the cigarettes, though at present I have got rid of my alcohol. But that's not enough." Muktangan specially honors those who successfully wean themselves away from alcohol and allied drugs. We give them a floral gift at a public ceremony to appreciate their holistic approach. We also honor women who eschew snuff. These are our gestures to underline the fact that not alcohol alone but all addictions are bad for the body.

I derive immense pleasure in bidding a firm good bye to nicotine when I see patients ridding themselves of such compulsions.

I was talking to you about death and the misery it brings. It is difficult to deal with these situations, but life is full of trying circumstances. Our daily life also tries us in many ways; we are left with no alternative but to bear with the times and exert our patience and energy. Very often our patience pays off. I share an anecdote here. It might seem a bit trivial to some; but it holds a lesson. I was travelling in my car with our patient-turned-friend Tushar Sampat. Tushar is a bubbly young man with lots of energy. We were stuck in a traffic jam and our vehicle was moving at an incredibly slow speed. At one point, our vehicle hit the rickshaw in front of us. The rickshaw driver got down and started yelling. I apologized and offered to pay for the damage at the nearest garage. But the rude driver continued to shout back at me. Tushar could not tolerate these insults. He threatened the driver with dire consequences. The driver hit back with foul words and readied himself for a scuffle. I intervened and apologized with folded hands. "Please forgive my son. I apologize on his behalf. Let us go." The man said he appreciated my apology, but could not accept Tushar's attitude. With difficulty, we got out of the jam.

Tushar sat in the vehicle, fuming and fretting. He said I shouldn't have apologized because it was not our fault. The driver

was fighting over a non-issue.

I told Tushar, "It is always good to end a squabble that erupts in a traffic jam. Why should other vehicle drivers suffer due to our quarrel? Are we in this world to instill traffic discipline, or are we here to run Muktangan? If it is the former, then devote yourself to the traffic management of this country, or else come to Muktangan."

Tushar smiled. His anger evaporated and we started talking about the pleasant event in Muktangan which we had just attended. He later narrated this incident to others. "Our Baba is a sample," he told them.

Uncontrollable rage is one of the prime factors that results in a patient reverting to addiction. Patients lose control over their tempers. Often the reasons for their anger are legitimate, but they don't know the harm they are doing to their body by taking recourse to drugs or alcohol in this disturbed state. We counsel them to exercise restraint in the rehabilitation phase. Just as fasting requires a person to say no to food on the stipulated days, patients are asked to lie low and avoid confrontation. "Why do you wish to win an argument and lose the bigger war against your addiction? Realize your inner enemy and accept defeat in the outside world for a while. Say sorry and move on," that's the advice given to them.

I have often narrated instances from my own personal life to bring home the importance of saying sorry. "In one of my arguments with Sunanda, I said sorry a hundred times. The next morning, things seemed calm. We went for a walk and she admitted that she was in the wrong. I told her that was okay; it doesn't matter who was wrong. She smiled. What I got in return can't be described in words." I recounted many such stories. In fact I asked them, "If I had continued to argue on that day, I would never have gotten those sweet moments that followed later. I would have instead sowed the seeds of a series of similar arguments in the future."

An industrial worker repeatedly relapsed into alcoholism. Needless to add, a relapse requires five weeks' of treatment, unlike a 'slip' which means an occasional urge to consume liquor or drugs which can be curbed with due counseling. He could not maintain

his sobriety. When we investigated the reasons, we discovered that his bad temper often pushed him towards liquor. When he went to work, his colleagues teased, "Beware! Here comes a great soul who vows not to touch liquor. You know where he has come from? A mental hospital (the earlier campus of Muktangan)! Now listen to his wisdom. Don't ask the number of people he has deceived earlier!"

That would spark off a fight, followed by a major bout of boozing. We explained to this worker how to deal with such a situation. "Instead of getting angry, don't lose your cool. When they level charges against you, fold your hands and accept defeat. Tell them you accept their allegations; tell them you can give them more details about those charges. But also explain to them that you now want to play it right in life, and that you need their help in gaining this second life." The worker went to his factory, tried this strategy with his colleagues and came back smiling. "When I pronounced those lines, they received a high voltage shock. They came close to me and consoled me. They inquired about Muktangan and my union leader organized a sharing session with colleagues." He later added shyly, "There are four other colleagues in our factory who want to come to Muktangan. I am counseling them now." We were so happy to see his transition in the right direction. How incredibly easy it was to change the course of life!

Patients have their own ways of expressing their anger during the de-addiction process. Some indulge in physical fights, while others kick at the food served to them. At the root of their actions, lie anger and a king-sized ego. This ego compels the person to be difficult. He cannot accept any point of view but his own. We deal with such cases very discreetly. I ask them if there is any person in this world who has all the answers. They become curious, and this forms the basis of most learning. They begin to understand how important it is to listen to differing views. We see a positive change in their reactions. When their wives ask them bluntly, "Why did you get into this problem if you were as wise a soul as you think you are? Why didn't you listen to others who tried to stop you?" they don't get angry. Instead they tell us, "These women have become so

bold because of your support."

There was one very highly educated English-speaking patient who approached Sunanda three days after his admission. He had typed three pages of suggestions on how to improve the Muktangan set up. "I have studied Muktangan in the past few days and these are the improvements I suggest." Sunanda set aside the papers. He hit back in anger, "You don't want to read these suggestions?" She retorted, "We will think about improving Muktangan later. First let us see how we can get you back on track." It was ironical that this educated man did not understand the priorities in his life. He was unable to see anything beyond himself. What's the use of high qualifications and formal education if a person cannot see any scope for self-improvement? I am reminded of the toppers in every class. They are accustomed to academic success. Their ego becomes inflated after every academic achievement. But it just takes one jolt to bring them down. They do not know how to go with the flow in life; they have never had an opportunity to learn that. I think it is most necessary for people to realize the art of living. This art has been very well imbibed by people like me who have put up with beatings by teachers and thrashings by parents. We have been toughened in the furnace of life.

I was very impressed by great Indian philosopher-thinker J Krishnamurti's thought: "Love and ego cannot coexist peacefully." How true that is! Unless we renounce our ego, how can we truly love someone else? We have to set aside our own selves while playing with little children. Sunanda set aside her psychiatry while talking to patients. She treated them as equals. That is why she could understand them and their circumstances.

There is one type of ego that often obstructed our work in Muktangan – the male ego of husbands. Husbands are endowed with patriarchal power in traditional set-ups. They call the shots at home. How can they give up that power? They are so used to cracking the whip, figuratively and really. One of our friends had a wife who worked as a maid. The household responsibilities rested on her shoulders. She was beaten up by her husband. Her face and body bore marks of her husband's daily assaults. She tried to hide

her bruises as she worked in different homes. She was often late for work because of domestic problems. People did not like that, but they didn't inquire into the reasons. Our society generally does not intervene in domestic matters. If the neighbor's wife is being beaten, why should I interfere? I can file a case of cruelty to animals against my neighbor, but the treatment meted out to wives in the neighborhood does not fall in the public domain. That is personal, isn't it? That is our attitude and it remains the same even in high-class neighborhoods. The fights over there may be comparatively more civil though beyond a point that differentiating factor is erased. A fight is a fight is a fight.

Coming back to husbands' egos, it is interesting that anger management has many facets. Anger manifests in strange ways. For instance, patients create the most appalling scenes during their drunken brawls, mostly in the nights. But they cannot recall their escapades in the morning. Some wives tell us how these angry men are 'otherwise fine.' They may apologize a hundred times for their bad behavior. One wife told me, "I don't know whether to believe this 'I am really sorry' business or to hold the earlier behavior against him. All drama!"

We tell these wives to make the most of the apologetic phase of their husbands. In fact that's the most opportune time to broach the subject of rehab centers like Muktangan. "Dear, if you are really sorry, let's go and meet the counselors in Muktangan," should be the response of these wives.

I have penned poems on the mood swings of patients under the influence of drugs or alcohol. These verses help wives to understand their husbands better. When patients come out of their angered alcoholic states, they indeed do not recall the past. When they open the liquor bottles, they indeed cannot stop themselves from drinking. This helplessness is at the core of the ailment. People around the addicts should understand it.

One such patient underlined his dilemma articulately. "Baba, my mornings are full of fear for me; and my nights are frightening for others. When I wake up, I look for signs of wreckage and havoc that I had wreaked in the earlier night. Did I hit my wife? No, she

has no bandage on her forehead? Is the TV okay? Did I break it? I don't remember. Was that my neighbor on the road? Should I greet him? Or did I say something terrible to him in my drunken state? Questions, questions!" I felt sorry for the person who faced so many questions in the morning.

Some patients are neck-deep in debt. They live in perpetual fear of being caught by their creditors. They try to avoid the people who have lent them money. Naturally, they have tension which leads them to take refuge in liquor. One such indebted patient came to Sunanda. She asked him to note down all possible debts that he had incurred. It was a very long list and scared the patient since he had lost his job. Sunanda told him to face the issue head on. "Go and meet every person to whom you owe money. Tell them about your unemployed state and assure them of repayment when you regain economic stability." The guy did not have confidence in her words. "Why should I meet them on my own? How will I repay the money anyway?" Those were his questions. Ultimately, he agreed to meet his creditors. One day, he came smiling to Sunanda, "Some of my friends told me not to bother about the money. My good health was more important for them. They told me to forget the past. Some said I could repay at leisure." I was very happy to note the presence of such good people in this world who appreciated the openness. My belief in human goodness was further affirmed. Sunanda helped patients to deal with realities. In fact, she helped in devising coping strategies for patients. For those in debt: List the details of your debts! For those clashing with others: Write down the sequence of your dialogues! She came up with innovative solutions.

Some patients take recourse to drugs or alcohol because of impending court hearings. These patients have been guilty of small offences in the past and are being tried in various courts. That gives rise to tensions. One such tense patient hailed from Nasik. He had stolen and sold off all kitchen utensils in his earlier avatar as an addict. His brother registered a police case against him, due to which our friend was put in the lock-up for a while. The case came up for hearing in a metropolitan court in Nasik. The patient had to travel all the way from Pune to Nasik. Interestingly, the travel cost

was much higher than the sum the patient had stolen. Not only was it expensive, but the court hearings invariably increased the risk of his consuming liquor. Ultimately, I was unable to tolerate that vicious circle. I went to the court, met the lady judge and told her the `personal' side of the case. She was disturbed to hear that; also a little angry. But I requested her to conclude the case, so that the hearings did not compel my patient to lose his sobriety. She gave a judgment and the patient was relieved of tension.

Some patients are in government service. Their problems emanate from the installments cut from their salaries against the loans they have taken. Their addiction makes matters worse. They can't make two ends meet with their inadequate salaries. I recall a driver in the state transport department who was based in Dapoli. He specifically asked for the Pune route, as that would give him a chance to visit Muktangan. He would meet me and the counselors to share his woes. He once showed us an elongated salary slip in which most of the amount had been deducted against his outstanding loans. After he had repaid his debts, there was very little in his take-home pay packet.

Amid all these people at bare subsistence level, there were some who stood out as rare successes. They found their own way in life and have a special place in my heart. I value their success, even if that success manifested itself in acquisitions that I did not otherwise care for. For instance, when these rehabilitated patients bought scooters and motor bikes, I admired their possessions. One patient Ashok Vaidya painted a bold Muktangan sign on his new scooter. I appreciated all these gestures. Such people expect Muktangan to take special notice of their economic stability. And why not? For the outside world, it is just a scooter, nothing to be particularly proud about! But we know that this scooter denotes a special moment in the reformed person's life. I recall the joy that Suwarna expressed when her de-addicted husband bought her jewelry. It was not very costly but it is the husband's feelings that counted.

We look upon such material possessions as the beginning of a second innings for many patients. Not that material accumulation is

the only indicator of success. But it is certainly one of the pointers to normalcy. I recall a very highly educated official working in a company who lost everything in life after his alcohol addiction. His wife walked out on him. When he regained sobriety, he did not know what to do with himself. Sunanda helped him to get back his one-room tenement which had been taken over by his relatives. However, he had to earn a living. His degrees were of no use. He had lost his reputation. Sunanda asked him whether he could start from the scratch. After he showed readiness to do that, he was taken on as a small-time assistant in an ice-cream shop on Laxmi Road. When we happened to be in that area once, he treated us both to an ice cream. He was not ashamed to do a job that usually is done by young collegians just starting work. He introduced us to the shop owner whose trust he had won. Later he got an offer to work in a travel company. He did well for himself and was promoted as the manager. Today, he is the owner of an agency and is also married. Whenever he bought anything new – a scooter and a house – he kept me updated. I was very happy about his material wealth. In his context, these material possessions were not a sign of consumerism. I saw it as an affirmation of his stability. He had regained his lost reputation.

When a patient comes home and says, "Baba I have bought a car. Please come. I want to give you the first ride in my vehicle." I get transported to seventh heaven. That car ride is more precious to me than a drive in the most comfortable Mercedes in the world. The joy is indescribable. The eagerness to show me the car is great. Also, at such times I look upon myself as a representative of all the good elements in Muktangan. That person is in a way honoring the institution and I love to pat his back on behalf of all the inmates in Muktangan.

Oh why was I reminded of Arunodaya from the central Indian state of Bihar? He was a soft-spoken mild-mannered educated person, one of those genteel souls who retain their goodness despite their addiction. They don't trouble anyone even when they are going through the painful de-addiction process. Arunodaya was a young student of engineering, who could not complete his

academic term. He had a slight limp because his leg had been affected by polio. He came to Muktangan and liquor disappeared from his life, as if he never ever had been addicted. He did well for himself after that. He settled in Chinchwad, a suburb of Pune, and started engineering classes. Though he had not completed his own engineering course, he became a popular teacher. The demand for his classes grew every passing year. Today his classes are rated very highly in Pune. He has also written books on engineering, some of which have been included in the prescribed college syllabus. This achievement is no mean feat.

Like Arunodaya, there are many friends hailing from other Indian states. A boy from Jammu and Kashmir came to Muktangan. After he was successfully treated, other boys from his state queued up. While the students from neighboring Gujarat and Goa are often our usual clients, there was also a time when we had many patients from the north-eastern states, especially Nagaland and Manipur. The youth in these states have easy access to heroin, which comes from neighboring Myanmar. This heroin is in its purest form, easily dissolvable in water and so people inject it with syringes for their drug intake. Many of these patients declared at the outset that they were HIV positive because they shared syringes. It was very difficult for us to deal with that aspect, considering that such a status causes many eyebrows to be raised even today. But such cases were quite common over there even in the past.

I recall my conversation with a nice well-built guy from the north-east. His name was Spandan. I could not believe that he was also HIV positive. His drug withdrawal stage was very painful and the poor soul had to be controlled by four to five helpers. But he overcame that phase and calmed down thereafter. He hailed from a well-off family and I wondered why he did not take due care while using the syringes. "Couldn't you have taken extra protection? You had money to buy separate syringes for yourself." I asked him once. He said, "It was more because of the chaos in my life that this infection occurred, and not because of the lack of resources. We used to get messages about secret hideouts where drugs were available. We would run there in a mad hurry to get our fixes. The

hysteria to get the drug into our systems was so great that we did not really bother to check whether such syringes had been sterilized or not. One syringe was used by many friends. If the police raided the place, chaos would prevail. We just wanted the dose and naturally infections can happen in such a mad scenario."

Spandan could not go back home after his de-addiction because his folks would not accept him. We tried to rehabilitate him in small-time jobs in Pune. He was a hard worker and soon found his bearings. He started as a salesman and graduated to become quite a big shot in a company. He once met me at the airport. A smart suited and booted Spandan! To see him happy and smiling was the greatest award for me. Despite his HIV positive status, he was so full of life that I could not stop admiring that fact.

When we realized that HIV infections were becoming common in drug and alcohol addicts, we incorporated the HIV test as part of our counseling infrastructure. After due background profiling, we counseled the HIV positive patients and conducted these mandatory tests. We mentioned the need for HIV tests in Muktangan's publicity brochures and other initiatives. This factor was new to the range of services available at our institute. Someone later offered us financial aid to make a film on HIV testing and the specter of AIDS. Our friends Sumitra Bhave and Sunil Sukhtankar directed the film which we have screened quite often during our events.

I just happened to remember Spandan and his never say die spirit. He was a struggler, an architect of his own life. He uncomplainingly accepted his medical status and never hid it from others. He did not hold a grudge against the people who would not accept him. When he met me at the airport, he bowed down to touch my feet. People were taken aback to see that gesture. I felt I should have touched his feet to honor his achievements in life.

I want to tell you succinctly about my `Babahood' in Muktangan. I was questioned by journalist-compere, Sudhir Gadgil, about why I allow my feet to be touched, considering my personal aversion to vain godmen and traditional sadhu babas whose feet are touched by their followers. He said, "You don't like

such godmen, yet you allow your disciples to touch your feet. Isn't that a contradiction? Do you approve of the word Baba – a father to all?" Actually, it is not my choice; this Babahood has been foisted on me. My daughters called me Baba, so did Rajaram. People called me Baba because I was elderly, a father figure with a beard and moustache. People expressed their respect for me by touching my feet, which is an Indian custom. I objected and stopped people from doing that. On one occasion when I could not stop a young Sindhi boy from touching my feet, I touched his. He felt embarrassed and awkward. I was told that he had taken it to heart. It was then that I decided not to discourage him from touching my feet. If it makes him feel good, why not allow him to do it? After all, we all seek happiness in different ways.

I discourage a lot of my patients when they came to touch my feet. I was against this traditional Indian idea. I cited the examples of many saints like Gadge Maharaj who did not approve of this custom of paying respects by bowing down to a person's feet. But I realized that very often this is a sign of improvement in a patient's behavior. A patient's wife told me in so many words, "Don't stop him. He has not bowed down before anyone. Let him surrender his ego just once." This became a defining statement for me. If the person wanted to express his gratitude or respect in such a manner, why should I stop him? Also, isn't it healthy that a patient should feel like expressing himself in this way? I changed my earlier stance and allowed these youngsters to pay their respects; of course I was not comfortable when the patients' parents also insisted on touching my feet. So far I had never touched my parents' feet. But I too now subscribed to the custom, much to their surprise. It was my gratitude towards those who had not just brought me in this world, but also taken care of me in times of crises. They gave me wisdom. I owed them a lot and I needed to convey my sentiments in a culturally acceptable mode. It is much better to be subtle in expressing one's gratitude, than to put it in words. It made my parents very happy. I decided to touch my in-laws' feet to tell them how thankful I was to them for giving the hand of their daughter. Now I touch every senior citizen's feet, and I begin my day with my

mother's blessings. She has no words to express her joy when she sees me following this age-old Indian custom.

Coming back to my earlier topic, tensions and stress lead to alcohol intake. Addicts treat liquor as a stress buster; and when they de-addict themselves things become even more complex. They cannot find solace in liquor and that causes further tension. But these addicts don't realize that liquor is not the solution to problems. Everyone has tensions. Whenever anything stressful happens to me, whether in Muktangan or in my personal life, my sleep pattern gets affected. All I need to get over it is a good sleep. When refreshed, I can deal with the problem with renewed energy. Either I consult my friends or I come up with an action plan for myself. I do get affected, but I give myself time to overcome the problem. This is also my advice to people and patients around me: Take the jolt, mull over it and deal with it without collapsing.

I have created my own coping mechanisms since my student days. There were times when I was terrified after looking at an exam question paper. But I found a solution. After reading the question paper, I would sit quietly for five minutes. Then I would divide the questions into three categories – can't be attempted at all; can be tried; and sure shots. After dealing with the last category, I would gain confidence for the second slot and then also attempt the near impossible ones. If I had tried the difficult ones first, it would have not just dampened my enthusiasm but would have affected my performance in the ones that I could answer well. These are the tricks that need to be tried in life's exams too. I tell my friends to divide their problems and crises into similar three tiers; to play it by ear and take things as they come. We need to be bigger than the problem; otherwise we carry the burden in all aspects of life. There was a time when I even considered backing out of my medical degree exam. I feared failure and loss of reputation. I could not see any other career avenue. However, some energy or zest pulled me out of that moment of despair and I decided to appear for the exam. Thankfully, the inner urge saved me from depression. However, each one should devise their own strategies to counter problems. For instance, we asked patients to list all their debts on a piece of paper;

that helped them to limit their worries about what seemed an insurmountable problem. Understand the nature and extent of your problem, so that it does not consume your entire life.

This wisdom did not come to me in one flash of illumination. I did not sit under the Bodhi tree to realize this truth. It is the collective wisdom that came from many patients and people in Muktangan. Such wisdom emerges from everyday struggles and situations. And there is no limit to this knowledge. Although I have been learning from my patients for the last 25 years, my education is not over. This is a part of life's lessons -- outside bookish truths -- which are never-ending. This learning also shaped us, made us adapt to each other, it helped us to shed our personal frailties. The biggest reward for the inmates of Muktangan is a patient's remark: "The love and warmth that I received here was much more than the love I had ever got in my life." This appreciation is enough for me to assure myself that we are truly following Sunanda's path of compassion and concern.

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Follow-up and sharing

Patients who are brought to Muktangan against their wishes usually go into denial mode. They have a peculiar way of reacting to the charges of alcoholism or drug abuse leveled against them. The initial dialogue with such people follows a predictable pattern. They start with a complete negation of the truth, "No, no never! I have never touched liquor!" When we remind them of complaints from their near ones, they say, and quite calmly, "Just a little bit, that too just once in a while." When told that they are known to be habitual drinkers, the reaction becomes aggressive. "Who doesn't drink in this world? The whole world consumes liquor. Why target me? I don't even trouble others, I just drink and come home and sleep." To this we tell them, "Not really, you beat up your wife regularly every night." After this patients become confrontational and some use foul language.

During the process of de-addiction, we console our patients by telling them that their lies and pretences stem from their compulsive alcoholism. "You are not lying. It is your liquor which compels you to mouth these lines." These patients have a much focused approach to life. Liquor is their prime interest. Those who don't drink cannot be their friends. Similarly, those who oppose drinking are barred. They remain deaf to any advice against alcoholism. Drug addicts are even worse than alcoholics. They are never ready to move from their neighborhood, because they are not sure of a steady supply of drugs in the new place. There was one drug addict who reluctantly went to Aurangabad for a family wedding. He carried his stock along, but the supplies did not last and he started scouring the city for the fixed dose. When he could not find what he was looking for, he came back to Mumbai without

informing the relatives. Unable to cope with the internal pressures, he could not be bothered about the problems he was creating for his host.

In Mumbai, the drug addicts know exactly where to get their stuff. One addict told me, "Go to any railway station at any point in time and you will get what you want. There will be someone waiting to sell that stock. These peddlers know our faces very well. They come close and ask a question." It is interesting how they can identify their customer. Actually it is not very difficult to spot an addict – a skinny frame, dark circles around the eyes, black lips, etc. These characteristic features catch the eye immediately.

In defense of addicts, one must admit there is some truth in the fact that since everyone in the world drinks liquor, one should not zero in on a few drinkers. But the fact remains that everyone who drinks is not a drunkard or an alcoholic. According to the definitions and categories spelt out by Alcoholics Anonymous and other entities, there are four types of liquor consumers. The social drinker takes a limited quantity of alcohol on social occasions, and only when specially invited to do so. Some social drinkers then graduate to becoming `planned drinkers' who plan their booze sessions with friends and family. Very soon liquor or alcohol in any form becomes a daily routine. Those who consume it every day as a matter of habit are called `habitual drinkers.' When this habit turns into an obsession, an addict is born. Although different categories exist, the divisions are often blurred. For some social drinkers, liquor can become an instant obsession. While some remain at the level of social drinking all through life, others graduate to addiction much faster than their friends. Some take a long time to move from one category to another, and some become addicts in a jiffy.

According to global estimates, there are 13 addicts to every 100 social drinkers. However, the incidence is higher in India and therefore we possibly have 20 addicts to every 100 social drinkers. That means one person in five is an addict. This is not good at all. In fact it is alarming. It could be anyone. There is no criterion that decides who will fall prey to temptation. There are many who can hold out against temptation for years, while they quickly give in

after years of moderate drinking. In short, it is a risky proposition, and best avoided.

Before Muktangan started, we had heard of a therapy that was part of the MBBS curriculum. It is called Disulphiram. It has nothing to do with Lord Ram, but it produces sensitivity to alcohol which results in a highly unpleasant reaction when those undergoing treatment ingest alcohol. Disulphiram blocks the oxidation of alcohol at the acetaldehyde stage. This is also called the Antabuse therapy. It interferes with the metabolism of alcohol resulting in unpleasant effects when alcohol is consumed. The idea is to create an aversion for alcohol. The tablets have a temporary effect. Their impact naturally wears off after a while. Many of our patients remain unaffected by this therapy. One of them told us how he deceived his wife by making a show of taking the tablets. Another said, "I would wait for its effect to nullify at lunch time and then take my required `dose' in between tablets."

Addicts shared such instances in their own distinct lingo. They would refer to the liquor bottles as 'quarter' or 'khamba' denoting the size of the bottle. We do see such empty bottles strewn all over our cities. Some take 'hard' stuff, which means without adding water. There is an approved lexicon of such terms used by liquor drinkers. Sunanda had picked up a lot of these terms. She would surprise the patients by using them during her counseling.

Coming to Disulphiram, it is a rather painful therapy. After some initial pathological tests, which have to show normal results, the patient is hospitalized for the first dose. Disulphiram is given to the patient along with the brand of liquor that he usually consumes. The highly unpleasant symptoms referred to as the Disulphiram-alcohol reaction, which is proportional to the dosage of both Disulphiram and alcohol, persists as long as alcohol is metabolized. The intensity of the reaction may vary with each individual. During severe reactions, there may be nausea, pain and cardiovascular collapse, convulsions and even death. That's why we often tell patients to avoid this risky therapy and adopt the withdrawal therapy offered at Muktangan. Not only is it less time-consuming, but it provides a support system for the patient. It

makes the patients a part of a larger circle which can help in the event of a relapse. No tablet can replace the attention that a family can give.

Similar to Antabuse is the Methadone Rehabilitation program which is much in vogue in Europe and America. **Methadone** is an analgesic known for its anti-addictive properties. Methadone acts on the same body receptors that drugs act on. Oral doses of methadone can stabilize patients. Higher doses of methadone can block the euphoric effects of heroin, morphine and similar drugs. As a result, correctly dosed methadone patients can reduce their use of harmful substances or stop it altogether. However, it is no panacea for drug addiction. In countries where Methadone was available and advocated freely, addicts got used to it. That was a very curious case of mass addiction of an anti-addictive medicine. The irony was well brought out by a patient from Holland. "It is easier to give up drugs than to give up Methadone. I wish the government would give us drugs, so that we are able to get rid of this Methadone. We can get rid of the drugs later, but as of now life is hell because of Methadone addiction." This illogical scenario really flummoxed me.

I thought Muktangan was doing well in its de-addiction and rehabilitation programs. We never make tall claims of assuring complete sobriety. We don't give surefire guarantees of the patient's recovery. We merely guarantee hundred per cent co-operation and support. I am so thankful that our therapy does not include any anti-addictive medicines. Very few could have afforded that. If we had adopted the strictly 'medical' treatments for their body ailments, the doctor would then have become the cynosure of our rehabilitation initiative. Today, the doctors do give tablets and drugs, but they are part of a larger effort. Also, the doctors form a team which takes the help of semi-literate volunteers who can suggest alternative practical therapies. The breakthroughs achieved by these not-so-educated team members are more creditworthy than those achieved by any medicine under the sun. The sobriety that they lend to patients is more long-lasting than any drug-oriented therapy.

I wonder about the word `sober' which denotes a drug-free

existence. Though it otherwise means a staid, sedate and balanced state of mind, it gains a special connotation for those in the field of drug prevention. It has been accepted in the remotest rural areas of Maharashtra. Women with no English skills use the word with confidence. There is another word called 'sharing,' which is used very often by addicts and those around them. It is not the usual sharing, as we know it, but the sharing of experiences of de-addiction, which prove invaluable for others. In most AA meetings there is no formal address; just a direct sharing of personal accounts. I find this very useful and effective. I wish people in India's public life would take a cue from such 'sharing.'

There is another term that we use very often. It is "follow-up." It implies a long-term bond between the patient and Muktangan which remains intact even after the person's formal discharge. We encourage patients to keep in touch with us. It is also our way of following up on their progress and our effectiveness. Women use this word pretty frequently in our interactions. One of them called it 'folu.' But we understood what she meant.

Follow-up is indeed important because patients need to be monitored after they achieve sobriety, especially those who have made grand declarations of remaining sober for their entire lifetime. Some say that they will test their sobriety by going to a liquor den and not touch a drop of alcohol. While these declarations are well-meaning, often rehabilitated people are at risk of being pulled back into the world of drugs or alcohol. There are people who visit liquor bars and yet come out unaffected. But what about the possibility of an uncontrollable urge to drink? We don't know when the brain will send such a signal in response to the smell of liquor? Why dare unnecessarily? Instead one must count each drug-free or alcohol-free day as a blessing. That is in fact true bravery; the rest is bravado. Bravery requires a person to live life quietly, without making a big song and dance about it. In this context, our `follow-up' is crucial. It means a lot to Muktangan because it allows us to help people remain sober. We can discourage patients from taking brash and supposedly brave decisions. Counselors can warn them against any sudden

alterations in lifestyle. When rehabilitated patients decide to take huge loans for new enterprises, we tell them not to rush into new lifestyles. We ask them to take it easy and concentrate on regaining the lost social reputation. These people, who have once been thrown out of the social order, have to be doubly responsible about their decisions. Unlike others who have social credibility, these patients can't afford to make mistakes. Mistakes are the prerogative of those who have not erred so far. But those who have been labeled as irresponsible in the past must live life more cautiously – never in the fast lane.

It is easier for us to follow-up with the `de-addicted lot' in Pune. We can meet them regularly. But those staying elsewhere also telephone us, sometimes at unearthly hours. Our volunteers receive long-distance phone calls every evening. The person at the other end just wants to talk to someone in Muktangan, not necessarily anyone in particular. There is a yearning to communicate with the inmates of Muktangan. There are times when the wives of these patients advise them to go to Muktangan for recuperation: "You have been very irritated for quite some time. Why don't you go to Muktangan?"

There are times when I receive phone calls in the night. "Baba, I have fought with my wife today. My mind is not on the right track. What should I do?" says the patient. I give the person a hearing, trying my best to keep him away from the thought of alcohol or drugs. We always tell our patients to call up their near ones and well-wishers at times when the obsession recurs. "Save yourself by talking to someone you like. Call up in the middle of the night. Don't hesitate. You can apologize later. But take help from others and hold on to your sobriety." I get personal letters from patients who share their intimate problems. They are pretty candid about their domestic discord.

That reminds of me of Vishwambhar Kelkar, now a staffer, who came to us for treatment. He had by then lost his job and many other assets. But he recovered in Muktangan. Since he lived in Pune, he attended all our Wednesday meetings in which we honored patients who remained sober for a year. After he attended 51 such

Wednesdays, we honored him for his exceptional `sober' one year record. In fact, fellow patients called it his *vrat**, which means a religious fast and observance in Hindu religion. After he was felicitated for his *vrat*, many other patients from Pune were similarly honored at our meetings. There was another bright idea that caught on very rapidly. It was the special 11 Saturday *Vrat* – signifying attendance for 11 consecutive Saturdays. We tried to make these *vrats* fashionable, because that was our way of keeping in touch with our patients. Listening to sober patients gave us reason to be happy every last Saturday of the month. It helped the counselors to follow-up on their specific cases. The *vrat* terminology clicked well with patients; it sounded more Indian than 'follow-up,' gelling well with the Hindu tradition. Also, patients looked forward to their 12th Saturday on which day I would present them with a medal.

As I have said earlier, Muktangan believes in many Indian traditions, not necessarily Hindu, but popular ones where people get to meet and interact. The lamp lighting ceremony, the chanting of mantras, giving the ceremonial send-off with the offering of curd and sugar, the observance of Diwali – all these traditions are followed with the intent of creating healthy interaction. Of course we give an original twist to these traditional observances. For instance, Diwali in the outside world is noisy and expensive. But we encourage our inmates to celebrate an eco-friendly Diwali, with no crackers. The custom of taking a bath before sunrise on the auspicious day is followed by all. Our inmates make beautiful decorative lanterns which are bought by companies in and around Pune. At Diwali, Muktangan is lit up with these colorful lanterns and there are decorative rangoli patterns on the ground. The open space near the auditorium is used for making three or four clay forts, in keeping with the Maharashtrian tradition of mud and clay forts which eulogize the efforts of the hero Shivaji and others of the

**Vrats* are votive fasting rites which are practiced throughout India. The observance of *Vrats* spans religious boundaries, social classes and even caste and sectarian affiliations. There is a great variety in the kinds of *vrats* performed and numerous variations in the actual practice of any particular *vrat*.

past. The imagination and design, especially of the miniature fort's military features, are later rated in a competition. I am given the responsible and difficult task of choosing the best fort. We eat sweets that are made in Muktangan. We have community singing and of course I am compelled to play the flute towards the end. Diwali, in one sense, is also a therapy at Muktangan. Preparation for the festivities keeps the patients involved in a team enterprise; also they are engrossed in actual art work.

I come back to the issue of follow-up. I promise to stay here for some time, without digressing. Prasad Dhavale is the driving force behind our follow-up work. He hails from Karad, and naturally visits his hometown (a city in the Satara district of Maharashtra) once a month to meet his wife and parents. He asked Sunanda if he could do the follow-up for patients in and around Karad. She was more than happy to allow him to carry this out. Very soon thereafter he started meeting patients in Sangli, followed by Tasgaon and Ichalkaranji, and lastly Kolhapur. He covered almost the whole of western Maharashtra for us. His mild-mannered ways helped him to sort out issues much faster and amicably. Many other volunteers also decided to tour cities on other routes like Aurangabad, Nasik and Solapur. They touched smaller towns on their way to the district headquarters. That's how we have formed a wonderful follow-up network. I too visit these follow-up centers every three months. Our staff does the groundwork and home visits before my visit. During these exchanges, we fix the dates for admission for those seeking entry in Muktangan. There are special meetings for patients as well as their parents. People flock to my meetings in these sub-centers. I occupy a special place in their lives. I enjoy this status much more than the social status I have in the outside world. My popularity and fan following can be credited to Sunanda whose legacy I proudly carry forward. Also I am generally fond of people. The love and warmth that patients give to Muktangan naturally comes to me in full measure. I am indeed fortunate.

At one of our meetings in Kolhapur, I met the wife of our patient Jayant. Her face bore visible signs of Jayant's assaults. Jayant was unable to muster the courage to come close to me, so someone

specifically asked him to meet me. He was ashamed and unable to speak up. Even before I said anything to him, I was reminded of Sunanda's humane attitude towards such patients. I told him, "Jayant, how long do you want to waste your life in this way? Please get admitted to Muktangan and your future will be brighter." He agreed. He was instantly put in a car and brought to Muktangan after a difficult journey. Even while in transit, he consumed liquor several times. But we decided to bear with his eccentricities. Finally, he calmed down two days after admission. He remained sober thereafter for many years. He used to tell others, "I had to behave myself because I could not break Baba's trust." Later I checked with his wife about Jayant's anger. "He has improved. I lose my temper more often than he does," she replied in jest.

There is an interesting story about Jayant's transfer from Kolhapur. He went to Mumbai to have his transfer orders revoked. As an addict he had lost his reputation in his office circles and no senior official was ready to give him a patient hearing. When he asked them to crosscheck his sobriety with me, they would not believe him. Some of the officials had read my books. They told him, "Stop dropping big names. That will not absolve you of your charges."

Jayant replied, "This famous author is a big name for the rest of the world. For us, he is our Baba, our father. I am ready to talk to him on the phone just now." They spoke to me to verify Jayant's claims and I told the authorities, "Please let him stay in Kolhapur for a while. Once his term in the follow-up group therapy is over, you can post him elsewhere." They agreed. Jayant was transferred to another district much later, where he started his own follow-up group. He continues to counsel patients over there.

Makarand's is a similar story. He was an educated person from a good family. After becoming addicted to liquor, he lost interest in his father's business. His wife was on the verge of leaving him. But when I came to know of the problem, I called both of them over and immediately assumed responsibility. I told Makarand to stay in Muktangan for as long as was needed. He was serious this time, thought he had defaulted on earlier occasions. He stayed with us for

three months and then decided to go home. His family bonded very well with me and today I count them among my closest friends. Whenever I visit Kolhapur, we spend some time together in the nearby hill station of Panhala. There is one strategic spot at the base of a huge pillar which gets excellent breeze. We sit there and mull over our lives. I play my flute in that beautiful breezy location.

I have also made friends with people who are not necessarily connected with Muktangan. Later they became friends of the Muktangan family. For instance, Ranjit Jadhav allowed us to use a spacious hall in his bungalow. Similarly, Suhas Ghate, who was just a friend, does counseling work for me.

I move on to another patient Deepak from Karad who also beat his wife. She had in fact been hospitalized after one of his severe assaults. Since their place was close to our Kolhapur unit, I had met his wife a couple of times. I had seen her bruised face and bandaged body. During one of my later visits our volunteer Prasad Dhavale told me that Deepak wanted to greet me from a distance as he was too ashamed to meet me. I saw him standing near the bus stop. I waved to him and that changed the course of his life. He could not give up the bottle immediately, but he started attending our meetings regularly. He once asked me, "Why don't you come to my place for lunch?" I said instantly, "If you stay off liquor for a year, I will be there. That's a promise." He took my promise seriously and indeed was honored at Muktangan for a year-long period of sobriety. I did visit their home and the wife looked very happy. There were no bruises or marks on her face. Other people in the vicinity were also invited for that meal. We had a good time. As I rose to leave, Deepak asked, "When will you come again Baba?" I replied, "One year after you give up gutkha." He gave a sidelong look to his wife and she smiled mischievously.

I must share a long letter I received from one of our patients. It was from Jitendra. Usually, I hand over these letters to the counselors. But this time I had misplaced it and when I read it, I felt guilty. I was happy to learn that Jitendra was successful in maintaining his sobriety. However, he had other problems – debts and a job with a meager salary. Also, a close relative had grabbed

his plot of land against which he had taken a bank loan. After reading this, I rushed to Muktangan for the follow-up. But our volunteer Prasad Dhavale assured me about Jitendra's well-being. "He's fine now, don't worry. I took him to the co-operative bank and had his interest waived. That has brought down his outstanding amount. When the bank authorities came to know of his personal story, they gave him a job. Now he repays the loan installments from his salary." Prasad also told me how Jayant is a regular at most Muktangan meetings. I was very happy to hear of this recovery; happier to learn that Prasad had done a good job. Prasad is a silent worker. In fact he is the type of person who would never take credit for his work; rather, he stays away from the scene when his work is acknowledged with praise.

I am happy that volunteers like Prasad have garnered ample local support in their respective regions. For instance, we conducted all our Kolhapur meetings in Ranjit Jadhav's bungalow; later we moved to another central hall. People came regularly for these monthly meetings conducted by Prasad, as also for the special ones during my visits.

Various well-wishers gave us space to hold meetings -- the Rotary Club at Nasik, Sonar hospital in Ahmednagar and a medical center in Sangli. It's great to have a wonderful network of friends all over Maharashtra. Each center eagerly awaits my presence – the Nasik unit wants me to be at their meetings; while the Kolhapur one pulls me into another initiative. I am happy to reach out everywhere. I like to visit places and conduct follow-up meetings. Usually, my visits are well-advertised in the newspapers. People, who have retained their sobriety for years flock to the venues. It is a golden opportunity to meet these friends. There are times when people claim hundred percent sobriety. Of course the wives of such people keep me updated about the 'real' situation. But there is one thing about sobriety – when it is there, it cannot be hidden; when it is not there, it cannot be claimed.

We have 24-odd sub-centers all over Maharashtra. And they run very successfully on their own, sometimes even without my monitoring and supervision. Patients help each other; counselors

help patients to nip the thought of liquor in the bud. Whenever any volunteer tells me about the good response in these centers, I am thrilled to the core. I am proud of this huge network which has been created at near-zero cost. Except for the state transport bus ticket, we have never incurred any major expense to nurture these centers. Most of our volunteers stay at the patients' houses, which saves us the cost of accommodation. It's only for some of our very well attended jam-packed meetings that we rent a hall. To see the beaming smiling faces of patients and their parents is a treat at such interactions.

I remember one of our most memorable meetings in the hill station at Panhala, near Kolhapur. All women lounged and lazed around relaxing on the green lawns, while the men cooked food in huge vessels. All the male patients told me, "Baba you have a good time with your daughters. Meanwhile, we will do our work." Even when women offered to help, they said, "Please sit quietly. We are fine by ourselves. Thanks to Muktangan, our culinary skills are very polished now." The women folk, along with me, were served food before the men. The men sat down to eat later and the women then did the honors.

I was immensely touched by this scene. Men are not used to do things for women. Husbands are accustomed to being served. And here I saw the exact opposite. To see the smiling and laughing women was even more reassuring. Earlier these women had bruises and marks on them. Today their smiles had replaced those unpleasant memories and they laughed freely. Similarly, it was good to see my sons, their husbands, subdue their egos and embrace complementary roles.

Sunanda often told her patients, "I don't want only sobriety from you. That is a given; that is taken for granted in the treatment. I want something more. I want you to turn into a better, kinder human being." When I saw the scene I have described in Panhala, I wanted to tell Sunanda about it. Though not physically present in this world, Sunanda is all-pervading on such happy occasions. These sober children from Muktangan would have made her happy.

I am pleased that we have a chain of such follow-up centers in

Maharashtra. There has been no break in the monthly meeting in our Thane center for the last 14 years. The Nasik meeting takes place in the courtyard of one of our patients' homes. The house is surrounded by chawls and is located on the main road with heavy vehicular traffic. People in the neighborhood observe our meetings with tremendous curiosity. They wonder how we counsel and discuss our problems, resolve our issues and jointly arrive at strategies to avoid confrontation. They appreciate our never-ending search for amicable solutions.

The recent meeting at Ichalkaranji (near Kolhapur) was educational. Our volunteer Deepak Somani has built up a very strong group over here. I spoke on tobacco de-addiction on that day. Everybody appreciated my remarks. I asked each of them about their years of sobriety. They told me their success stories. But some of them admitted that they could not give up tobacco. I compelled some to make a public pledge to give up tobacco from that day on. "Don't deceive this old Baba. Take out that little tobacco pouch from your pocket," I would take an assurance and then everyone would clap and cheer the person giving away the little pouch hidden in his pocket. On one side was a queue of people admitting to their tobacco addiction, and on the other side lay a heap of gutkha and tobacco pouches. It was a symbolic gesture. I know that some of these patients would not be able to live up to their promises. But I am hopeful for the small fraction which will throw tobacco away from their lives. Isn't that percentage important?

On my way from Ichalkaranji to Pune, I stopped the car and threw away those tobacco pouches in an open area. I remembered Sunanda who used to throw the patients' drug pouches and packets into the river. Standing at the Holkar Bridge, on her way home, she would dispose of the drugs. Those were packets taken from the pockets of young boys seeking admission in Muktangan.

As she junked the pouches regularly, our volunteers often said to her, "Madam, the fish in the river must have become addicted."

"No, the fish are smart enough not to touch them," she would reply.

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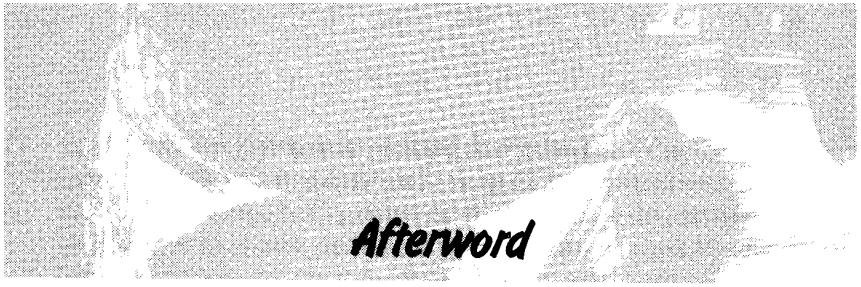

Afterword

I have shared everything so far. How much more can one narrate? The idea is to share the essence, and that's enough for the purpose, I presume.

After he gave his donation, litterateur P L Deshpande said, "I can't even wish a great successful long tenure to this rehabilitation center. On the contrary, I wish that such centers are no longer needed in our society and that they close down as early as possible."

P L Deshpande was right. One cannot make such a wish. As is obvious, I am not narrating the story of Muktangan's success. Sunanda had always aimed to work towards a drug-free society which would necessitate the conversion of the Muktangan rehabilitation center into a cultural center. She wanted various arts to flourish in this space. She wanted different artists to find true patronage in this environment. She also wanted it to be a platform for amateur artists and a space for good art exhibitions.

The idea really sounded great. But the reality is totally different. Liquor and spirit companies have gained respectability. Drinking alcohol and offering it to others has become part of social etiquette. Therefore, the cultural center remains a distant dream. At one point, there were 30 inmates in Muktangan; now there are 150. There was one counseling center outside Pune earlier; now there are 23. We always presumed that women were not prone to alcohol consumption, but today we have a separate section for them. We are not at all proud of these achievements. We do not boast of these diversifications, as a corporate firm

would have bragged about its rising growth graph. In fact, the problem has increased in its scale and proportion, thereby compelling us to work harder. We need many more volunteers whose work hours have increased. It is inevitable. We have to help the parents, the children, the wives and the larger community which seeks our support.

Some people argue against our effort. How can we ever counter the manufacture of liquor and intoxicating drugs? Can our efforts ever match their scale? For how long do we tackle the damage they are doing? But that is no logic. What do oncologists do when the percentage of respiratory cancer -- caused by vehicular fumes -- rises? Do they stop treating people? If arsonists igniting fires are strong and aggressive, do I stop my rescue operations? We continue to do our bit, without getting demoralized by its inadequate reach.

I have jotted down Muktangan's experiences in this book. It is not an account of our professional growth. We do not want to celebrate our expansion. We did not publicly celebrate the 10th anniversary of the institute; neither did we call a glamorous star for the event. The anniversary was a quiet in-house affair, in which the ceremonial lamp was lit by our first patient. At later anniversaries, we were not in the right frame of mind to celebrate due to Sunanda's death. Our work load was so heavy that the anniversaries just slipped our mind. Now we have completed 25 years. But again we want each event to be a cozy reunion of friends. Should social service be ever bragged about? If we

celebrate our social work, it will mean that we did not gain anything from our patients who gave selfless service to Muktangan.

It's true that we cannot stop the manufacture of intoxicating drinks and other addictive substances. But we have made a dent in our own way. We have helped over 19,000 patients so far. We could not wage an agitation against liquor, but we could certainly create awareness about its danger. We have over 12,000 friends who are completely cured. These friends have positively impacted many other lives around them. To increase the number of such reformed and recovered people is certainly in our hands. We cannot stop the manufacture of beedis, cigarettes and liquor, but we can certainly reduce the glamour associated with these products. Those who do not consume liquor should be able to stand firm against persuasion or pressure. They should underline their choice categorically, so that others respect their preference. Society cannot be changed overnight, but we can plant the seeds of good thoughts and light lamps of wisdom. If we say, 'Yes we can,' there is a possibility that we might make a big difference.

As I said in the beginning, P L Deshpande said, "Even if one home is saved from the menace of drugs, I will think my donation went to a noble cause." He had said that one lamp lit in one home was enough to feel good about Muktangan's effort. I want to tell the late PL and his wife Sunitabai that Muktangan has been successful in lighting thousands of lamps. It will continue lighting many more lamps of knowledge. These lamps will one day eliminate the darkness.

Muktangan does not have political power or strong financial backing. But we have the inner urge to serve. And as long as that urge remains, the most difficult of tasks can be achieved. We have the desire to work wonders and that is enough!

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